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NOTES ON ASYLUMS FOR THE INSANE IN AMERICA.*

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The asylums and hospitals which I have hitherto mentioned are obviously conducted with enlightened liberality, but it will now be my task to describe visits to other large asylums, the condition of which is thoroughly discreditable to the communities which are answerable for their great and glaring defects. I say to the communities, for in America no man can wholly shunt the blame of public evil on to his neighbor's track; and if these things are as I shall describe them in the great cities of Philadelphia and New York, why do not the men and women of those cities cry aloud against such cruel shortcomings in the administration of their charities until the evil is abated and finally removed? The numerous and excellent chartered hospitals for the insane in the States afford evidence—nay, full proof—of the worthy feeling of a large portion of the wealthy members of the community towards the mentally afflicted; and the costly and commodious State Asylums, conducted in a spirit of generous wisdom, testify to a keen appreciation of duty on the part of the population of the country at large. How is it, then, that the insane poor of these most important cities are left in a condition which no American true to his country's honor and to the instincts of his race can think of, if he knows it, without regret and dissatisfaction? The explanation which I have heard is that the politics of the cities are more corrupt than those of the States, and tend to the selection of coarser instruments of the popular will; and if this be so, the most helpless

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and heavily afflicted of their citizens have more to fear from the degradation of authority to its lowest level than any other class, for they have no power in the social scramble. The state of things which I shall now describe will no doubt be thought to justify the severest censures of the medical press, and if I have claimed exemption from some of these censures in the pages of a journal honored for its long and able advocacy of the rights of the insane to humane and skilful care and treatment, I have only intended to do so on behalf of the skilful and the humane. That I have no wish to shield the evil results of incompetence or of ill-judged parsimony from their merited exposure and reproof, the following narrative will abundantly testify.

The insane poor of the city of Philadelphia are maintained in one department of a huge collection of buildings called the Blockley Almshouses, containing altogether about four thousand inmates, and consisting of the lunatic asylum, a general hospital, and a poor-house proper. I was taken over the Asylum by Dr. Isaac Ray, who had been one of the governors until, at the last election, he was ejected from office. This asylum, I was informed, was constructed to contain five hundred insane inmates, but at the date of my visit last spring it did actually contain eleven hundred and thirty patients, and the overcrowding was consequently frightful. One result of this overcrowding was that, on attempting to make some estimate of the sleeping accommodation, I was informed that at night beds were strewn on the floor in the corridors and on every available space of flooring, so that there was no place without beds, some upon bedsteads and some upon the floors. I asked Dr. Richardson, the medical superintendent, what the state of the air might be when they opened the doors in the morning. The degree to which it must be hot, fetid, and morbid, is somewhat sickening to think of. I saw many patients in strait-waistcoats, I can not tell how many, but on the men's side a considerable number; and the patients there were very noisy and turbulent. I saw no occupation and no means of occupation, except a few women engaged in needlework. There were no grounds for exercise, nor any airing-court fit to be called such, but only two or three small high-walled spaces bare of all convenience and comfort. But the separate ward provided for excited female patients, and called, according to American custom, the lodge ward, was the most remarkable feature of this Asylum. I was informed that it was constructed to contain nineteen excited patients in single rooms, but that at the time of my visit sixty-five patients were actually "accommodated,"

as they said, in it. It was intended that each patient should have the use of a single room or cell, the dimensions of which, I learn from the subjoined statement by Dr. Ray, are six feet by ten; and "these lodging-rooms are occupied at night generally by two, and frequently by three persons," and all of them, as I was informed, were regularly put into strait-jackets to prevent mischief during the night.

The counterpart of the above statement was made by me to the American Association of Superintendents of Asylums, and has been published in America without contradiction or extenuation; but yet it seems to me so incredible that I must ask to confirm its accuracy by the remarks made by Dr. Ray himself, in a paper read by him before the Social Science Association of Philadelphia, in 1873, in which, speaking of this Asylum, he remarks:—"How far the first two requisites—air and room—have been provided in the buildings occupied by the insane at the almshouse, a few facts will show. The space occupied by these patients and their attendants, while within doors, is not, I may safely say, more than half of what is declared by competent authorities to be the lowest limit compatible with the hygienic conditions of a hospital. An accurate calculation, for which I have not the requisite figures at present, would probably show that one-third of the proper space would come nearer the truth than one-half. Most of the lodging-rooms are six feet by ten, and are occupied at night generally by two, and frequently by three persons. The rest of the patients are disposed of in large dormitories containing about thirty beds, with a few more placed directly on the floor. Of course these patients disturb one another, as persons less excitable would, and for many sound, regular sleep is out of the question. With those in the single rooms the case is still worse, for they not only breathe a highly vitiated air, but they are in danger from the destructive propensities of one another. If homicide is not committed every night in the year, it certainly is not for lack of fitting occasion and opportunity. Twice within the last few months it was prevented by the merest accident. Now, it is well understood by medical men that if there is one bodily condition more restorative in mental diseases than another it is sleep, and here we see how it is provided for at the Blockley. . . . In regard to means of occupation, the deficiency could scarcely be greater, while its ordinary consequences are rendered all the more deplorable by the crowded state of the house. There can be few more pitiable spectacles than that witnessed there every day, of hundreds of men overcharged

with nervous excitement, whose restless movements are confined to the limits of a narrow hall, and of as many more, silent and depressed, crouching down in corners and by-places—all of them worrying one another, and speedily losing, from sheer inaction, whatever of mind their disease may have left."

The Asylums for the insane poor of the city of New York are situated upon islands in the harbor; the old Asylum, now occupied exclusively by female patients, upon Blackwell's Island, and the new Asylum for men on Ward's Island. I visited the men's asylum first, by invitation and in company with some eight or ten superintendent's of other lunatic asylums, who had been attending the annual meeting of their specialty. This Institution was erected four years ago, at a cost of £200,000, and was designed to accommodate 434 patients, but at the date of my visit, and without any increase of accommodation, 673 patients were crowded into it. Dr. Macdonald is the chief resident physician, having the medical charge of the patients, but the main executive duties of the Institution are entrusted to a warden, who is not a medical man, but who is virtually the chief officer. Medical responsibility is therefore at its lowest ebb. Architecturally the Asylum, of variegated brick, is very handsome, but a comparison of its interior with its outward show reminded me of some pretentious structures in which ostentation has exhausted the means of the builders, and which are significantly called Follies. The corridors were uncleanly, ill-furnished, and gloomy, all the windows being thickly protected with prison-like lattice. There were no enclosed grounds or courtyards of any description. Those patients who were strong and orderly enough to perambulate the island under the charge of attendants got occasional exercise in the open air; but the other inmates were confined to the dismal interior of the building, and I saw no provision of means for occupation or amusement. The patients appeared to me to be ill cared for, badly clad, and poorly nourished. They lounged listlessly about the unswept, barely furnished corridors, and were almost as frequently crouching on the floor as seated on a bench. Their clothing was dirty, worn and of the commonest material, and seemed to me insufficient for the purposes of mere warmth and comfort. I observed that many of the patients had no stockings or socks between the skin and the shoe-leather. The idea that the patients were poorly nourished was, I own, a mere impression arising from their pallid and emaciated appearance. I know nothing of their dietary, which, indeed, I have found to be a rather mysterious subject in all American

asylums. I do not know that I ever met with a printed dietary in any American asylum or asylum report. However, in this instance, when asked, in the presence of the many professional brethren who were with me, what I thought of the Asylum, I was bold enough to express the opinion that the patients appeared to me to be badly clad and insufficiently fed, and to ask what the weekly cost might be; and the answer seemed to justify my boldness, for we were informed that the weekly cost was one dollar and thirty cents, or 4s. 4½d., or, if calculated in currency, still less. Now the weekly cost in the Asylum for the State of New York is four dollars and a half; and, on inquiry, I found that the average weekly cost in the State Asylums was not under four dollars, or 16s., which contrasts liberally with the average cost of maintenance in this country of 10s. a week, for the county, and 11s. 8d. for the borough asylums; the reason thereof being that the high price of clothing and comforts and the high rate of wages more than counterbalance the low price of food in the States as compared with the like expenses of this country. It may well be that some explanation can be given of the difference in the weekly cost of maintenance between four dollars and fifty cents at the asylum for the State of New York, and of one dollar and thirty cents at this asylum for the city of New York; for I can not believe that, however accurate my general impression as to the condition of the patients in the latter institution might have been, the whole of this difference could be so accounted for.

After leaving Ward's Island we visited and thoroughly inspected the Asylum for Female Lunatics on Blackwell's Island, under the guidance of Dr. Parsons, the active and devoted Superintendent, who informed us that the buildings, which would suffice for the accommodation of 750 patients, were actually made to contain 1200. The patients were better clad and seemed better nourished than the male lunatics. Many of them were occupied with needlework, and their general state and aspect was far more satisfactory than that of the inmates of what may perhaps be called the brother institution. The asylum, however, was miserably overcrowded; even attics immediately under the roof, and quite unfit for habitation, being densely occupied. The refractory ward was, as usual, at some distance from the main building, and here I found myself in a bewildering tumult of noisy and excited women, many of whom were restrained in strait-waistcoats. I observed, however, that this free use of restraint had not been altogether efficacious in preventing such conflict as leaves behind the tell-tale marks of

black eyes and bruised faces. I regret that it did not occur to me to ask in this or in any other American asylum to be permitted to inspect the register of injuries and accidents; but if such a record be kept, I think it more than probable that a faithful comparison of it with that which the law imposes on our own institutions would clearly prove that non-restraint does not encourage, nor restraint diminish or prevent the occurrence of injuries from violence. In this refractory ward there was a peculiar arrangement which I have not seen elsewhere. I found the patients in two parallel galleries placed back to back, and glazed the whole length of the outer sides. I think that the width of these galleries did not exceed twelve feet, but a slice of about three feet of the whole length of them was cut off from the use of the patients by a substantial rampart of iron bars, strong enough to confine lions and tigers in a menagerie. This formidable construction, I was informed, was intended to prevent the breakage of window-glass.

Miss Dix, whom I had the great pleasure of meeting at Washington, on hearing that I intended to return home by way of Canada, earnestly requested me to examine the asylums at Montreal and Quebec, and especially the one at the last named city. I made it a point of duty to comply, and it certainly is with a feeling of duty, and not of pleasure, that I now record some observations made at my visit.

Although Upper Canada and New Brunswick have provided themselves with public asylums at Halifax, Toronto, and London, which enjoy a very high reputation, the great province of Lower Canada possesses no public lunatic asylum, the authorities having been satisfied to contract for the care and treatment of the insane supported from public funds, with the proprietors of private asylums at Montreal and Quebec. The proprietors of the asylum, or rather asylums, at Montreal are the Roman Catholic Sisters of Charity, who appear to have a central point for their organization in America in that city; at least I was told so by the sisters whom I found in charge of an inebriate institution at Old Mount Hope, near Baltimore, to which they were adding a kind of private hospital or sanatorium for general patients who could afford to pay £4 a week.

I found the asylum for male patients at Montreal in the old cavalry barracks. It was established in the building which was formerly the gaol of the barracks, for which the good sisters paid a rental of £50 a year. No building could well be more gloomy and unfit for the purposes of an asylum than this soldier's gaol.

There was, however, in addition to this old cage, a more recent and less obnoxious building, occupied by idiot and imbecile children. I was informed by the sister who conducted me over the institution that it contained 160 insane inmates, and that the asylum for female patients under the same management was about four miles further in the country, and that the asylum for men also was in a short time to be removed to a new house which the sisterhood had built for the purpose, and which was described to me by the sister as being very costly, and a great financial enterprise for them. At the time of my visit numerous wet beds were being refilled with straw in the gloomy and dirty corridors, or rather passages—a cause of great offensiveness; but the interior, if clean as a model prison, must ever be dark and dismal. The courtyard was truly a prison-yard; yet there was a large shed in it for exercise, a provision which is rare in the States. All the material of care or treatment was bad or absent, and there was actually no medical attendance whatever. The patients were solely under the charge of the sisters, aided by the attendants, who were their servants, and I was told that they had never been visited by any medical officer. This great defect was about to be remedied to some extent, and indeed a medical officer had already been appointed, who was to visit the patients once a week, but his first visit had not yet been paid. It is true I did not see any sick folk among the patients, with the exception of an idiot child, whose hand was inflamed, and evidently painful. I asked the sister what was the matter, and she replied, "Ah, indeed, it is red. I do not know." On examination, it was evident that the metacarpal joints were in a state of scrofulous disease. And yet, notwithstanding all these sad defects, there was something about the place which appealed strongly to my sympathies after all I had seen in the States. There was no patient either in restraint or seclusion, although there were several to whom I think that my friends in the States would have deemed it dangerous to allow the free use of their limbs; but these soothed and tranquillized with gentle words and petting gestures by the sister in charge, in a manner which showed that she was quite accomplished in the art of winning the good-will and calming the excitability of those over whom she was placed in such a singular position of feminine authority. Altogether I thought that these good women were doing good work, although the circumstances and conditions of it were exceedingly disadvantageous.

The next asylum I visited was a small private asylum in the neighborhood of Quebec, kept by Mr. Wickham, and which re-

quires no further notice than the remark that it is combined under the same roof with a home for habitual drunkards, who, however, occupy a different part of the building; which is a better arrangement than that which obtains in some of the hospitals for the insane in the States, where habitual drunkards are to be found in some number intermixed among ordinary lunatics, to whom their association is often irritating and mischievous.

The last asylum I visited in America was the large proprietary institution called the Beaufort Asylum at Quebec. It belongs to two or more physicians residing in Quebec, and contains 814 lunatics, supported from public and charitable funds. There being no Poor Law in Canada, it would not be strictly correct to call the inmates pauper lunatics, but they correspond with that class of patients in our country. As an unofficial and unauthorized visitor I feel restrained from expressing opinions upon the management of this institution; but as these patients are public patients, I do feel myself quite at liberty to state facts which I myself observed at my visit to this place on the 16th of July last.

The asylum is situated about four miles from the citadel on the Beaufort road, and consists of two separate buildings for men and women at a short distance from each other. The women's building has been recently to a great extent rebuilt. I found numerous workmen busily engaged in completing the roof of the central, or entrance pavilion. The officer in charge was the steward, who told me that there was no medical men on the premises at the time of my visit, but that his son, who was a medical student, though not officially connected with the institution, would show me round. The steward or manager apologized for the disorder in which I should find the institution in consequence of the recent reconstruction of a great part of the women's building. He told me that in the preceeding January a fire had broken out in the women's wards, and that after that fire seventeen or twenty-seven (I forgot which) of the female patients were missing. The remains of eleven of these missing patients were found, but the others were not found or could not be distinguished. At all events, none of them had been heard from since, so that it was supposed that all of them had lost their lives in the fire.

The women's wards I found crowded and disorderly, but the disarrangement caused by the process of reconstruction might be some excuse for this, and perhaps also for the large number of patients who were in seclusion. But the seclusion cells, of which there was a large supply, were not newly built, and they bore in

their offensive atmosphere evident signs of frequent use. I hope that I was either misinformed or that I misunderstood the nurses, as to the length of time that some of these patients had been in seclusion in these dark and offensive cells.

A shallow brook runs through the small courtyards at the back of the asylum, and in this brook I saw female patients wading ankle deep to cool and amuse themselves; and two of them had pulled up their clothes above the waist, and the attendants did not interfere with an exposure which was the reverse of decent.

The building for the male inmates had not been implicated in the fire, and its condition, therefore, may be accepted as nothing unusual. The wards were spacious enough, though bare and cheerless. It was a hot, sultry afternoon, and almost all the inmates were out of doors. I found them all congregated in one small courtyard in a *tout ensemble* of lunacy not easily to be described. I can not state with accuracy the size of the courtyard, but it did not appear to me to exceed one hundred yards in breadth, by eighty in depth. Whatever its size might be, it was divided into two pretty equal parts by the above-mentioned brook, traversed by a bridge, and the half of the yard furthest from the building and beyond the brook was occupied by a crowd of, as near as I could estimate, about three hundred lunatics. The bridge was kept, and the crowd watched by a man lying on the ground in his shirt-sleeves, in whom it was not difficult to recognize an attendant. I was invited by my companion to observe the lunatics from the safe end of the bridge, and for some time I did so, and I must say that I never before in my life saw anything like it. The lunatics appeared to be quarrelling and fighting, without the least control, and there seemed to be no attendants with them whatever. This, however, was a mistake, for after a while I crossed the bridge, and on inquiry discovered three boyish persons, who announced themselves to be attendants. Skirmishes were still proceeding among the patients, and on my asking the attendants why they did not prevent them they gave me no reply. Not only were the patients permitted to quarrel and struggle without interference, but I observed several of them lying on the ground with the most indecent exposure of the person. Considering the amount of excitement in this sweltering crowd, there was not much mechanical restraint. I observed two or three men with their wrists in iron rings attached to leathern belts, which is certainly a mild form of restraint, since it leaves the muscles of the arms and chest some freedom of movement. I saw no strait-waistcoats. In front of

the men's building there are grounds large enough to make fairly good airing courts, and why they are not so utilized could not be explained.

Escaping from this mad medley, I asked to be shown the refractory ward, and was conducted to the top story of the building, where I found the ward empty, with the exception of two patients in seclusion. The doors of the cells were fastened with three or four massive iron bolts. On opening the first cell I found it occupied by a poor, sickly-looking young man, in a dripping wet shirt; the floor of the cell also was covered with water. I was told that the patient had recently been brought up from the yard, where he had thrown himself into the brook. It would have added to his comfort, and the safety of his health, if they had given him a dry shirt when they shut him up. Hearing shouts proceeding from another cell, I asked that the door of that also might be opened; but I was told that it could not be done, as the cell contained a very dangerous madman indeed. Assuring the attendant that I was no more afraid of such a man than he was, and perhaps not so much, and that to refuse my request would have a bad look, he at last consented to withdraw the bolts, and behold a little, shrivelled old man in a state of chronic mania, noisy and troublesome enough no doubt, but no more dangerous than a monkey, as far as I could judge. Mischievous, with his restless loquacity, he might well be among the dense crowd of lunatics below, and perhaps this was why he occupied this seclusion-cell.

Surely it is the duty of the Government of Lower Canada to provide public asylums for public lunatics, and not to farm them either to nuns or physicians. I am told that the responsibility of not doing so lies entirely with the Provincial Government, and is in no way shared with the government of the Dominion, and that the governments of the Queen of England and of Canada have no power or authority whatever, and no position even from which advice may be tendered, on such matters. One cannot but wonder, under such circumstances, what the state of the insane may be in other colonies and dependencies of our great and scattered empire.

In publishing *Notes upon Asylums for the Insane in the United States*, it will be expected that I should make some remarks upon the extraordinary state of medical opinion which permits and defends the use of mechanical restraint in institutions otherwise excellent. In doing so I shall endeavor to leave out of the count the

condition of the insane in those institutions where political corruption or stupidity renders it impossible to apply a complex system of treatment, which can only be efficacious under an enlightened and liberal management. The pages of *The Lancet* are not likely to influence the politicians of New York, who think their insane sufficiently well cared for in the asylums I have described; neither will they have much weight with the gentlemen at Philadelphia who are in the habit of placing three violent lunatics to sleep(?) in the same cell, prudently enough protecting them in some degree by strait-waistcoats. But it is to be hoped that a fair and frank challenge to the medical superintendents of the State asylums and the hospitals for the insane will be accepted in the friendly spirit in which it is given, and that they will not refuse to show reasons why they adhere to a mode of treatment which in this country is condemned by the almost unanimous voice of the profession and of the public.

A considerable proportion of poor lunatics in nearly all the States are still detained in the county almshouses, and even in the gaols. In Missouri, Dr. Compton states that "a stream of acute and violent cases passes from the gaols to the asylum," as room is made for them in the latter by the discharge of chronic cases to the care of their friends; and the medical superintendents at the Auburn meeting last year passed a series of resolutions on the detention of lunatics in almshouses, of which the following words are the preamble:—"The condition of the insane in the county almshouses in the different counties of this Commonwealth is such as to excite our most profound sympathy, and to arouse in us a determined effort for their comfort and relief." And we learn incidentally from a statement made in the *Boston Medical and Surgical Journal* for November last, that the insane inmates of the almshouses in the vicinity of Chicago are still habitually secured by chains.

The insufficiency of asylum accommodation, especially in the southern and western States, is no doubt at the present moment rather a social and financial than a medical question. Debt and the increase of population have outrun the development of the resources of the country, and the incidence of taxation, general and local, is extremely oppressive. With the continuance of peace and the return of prosperity, the provision of suitable and sufficient accommodation for the care and treatment of all the insane will become an imperative duty with the instructed and humane Americans; but there can be no doubt that medical opinion will be

able greatly to expedite and complete this great and good work, if it is founded upon reasons and facts which will obtain the approval, and command the sympathy, of that public opinion which is the ultimate and supreme power in the Republic. Nothing is so likely to bring speedy "comfort and relief" to the insane confined in county almshouses as a full recognition of the wide contrast between their miserable condition and what might be their comparative happiness in well-ordered asylums; and the best direction of the "determined effort" promised by the medical superintendents will certainly be towards the realization of this contrast in the knowledge and opinion of the general public.

But, unless I am much mistaken, the superintendents of asylums in America have a heavy task before them, which will indeed require a determined effort before they can say that they possess the confidence of the public in the same degree to which of late years it has been extended in England to the management of our county asylums and hospitals for the insane. With us, the management of our asylums is open and patent. Abuses occur, as they will occur everywhere; but they are remedied, and if need be punished, in the most public manner, and the records of them are displayed to the eyes of the world. It is thus that the American journals, in reply to *The Lancet's* leading articles on the American Asylums, have been able to cite so many instances of disaster in our asylum work. But where shall we look for any record of wrong-doing or misfortune which, in the nature of things, must take place in American asylums also? So far as I know, it does not exist. There is in America no central authority to prosecute and punish such wrong, and no public record of circumstance to lament and avoid.

Putting altogether out of consideration opinions and sentiments which were expressed to me privately, few things struck me more forcibly in America than the painful sensibility to public opinion which was manifested both at the conclave of medical superintendents which I had the great pleasure to attend, and in the published transactions of that held last year. I think I may truly say that nothing of the kind exists with us, and few things would surprise me more than to hear a debate at one of the annual meetings of the Medico-Psychological Association upon the necessity of preventing or curtailing the transmission of the letters of patients in asylums either to their friends or to public authorities, or a discussion in which it was maintained that the absence on leave or the discharge of uncured patients was undesirable on account of the

accusations and complaints which such persons were liable to make about their treatment; and as a final instance of this difference of feeling I may mention that *The Lancet* Commission, which will be generally welcome to English asylums in proportion to its ability and thorough faithfulness, has been deprecated in the *AMERICAN JOURNAL OF INSANITY* as "an insult to the Commissioners in Lunacy, and the medical staff of every English hospital."

Pondering these things, and many others with which I should not be justified in occupying space, I have been able to come to no other conclusion than that the great stumbling block of the American superintendents is their most unfortunate and unhappy resistance to the abolition of mechanical restraint. I was told everywhere, except at Utica, that this question was settled in America, and that it would be useless and futile to re-open it. I was informed that, after many minor discussions, a great and final discussion of the whole question had taken place in 1874 at Nashville, and that the superintendents had there unanimously decided that the abolition of mechanical restraint was utterly impracticable; and that the statements of the English on the subject were not to be relied upon. I was again and again informed that the system of non-restraint had proved quite a failure in England, and that we were rapidly returning to the old practices. As such statements were not very agreeable to me, and especially as I found that my contradiction could be met by the published opinions of some two or three English superintendents who, although no prophets in their own country, are eagerly quoted abroad, I resorted to the somewhat vulgar expedient of offering a bet as an expression, or, if you will, a *meter*, of my belief. Faraday tells us (Lecture on Mental Education,) that Dr. Wollaston once did the same thing to him, on which "I rather impertinently quoted Butler's well-known lines about the kind of persons who used wagers for argument, and he gently explained to me that he considered such a wager not as a thoughtless thing, but as an expression of the amount of belief in the mind of the person offering it."

With such an illustrious example, I may be permitted to think that my offer of a wager also was not "a thoughtless thing," and it certainly was not considered a rash one, for although I repeated it both privately and before many superintendents at Auburn, it was not accepted, and it certainly stopped the talk about our relapse. My offer was a wager of one hundred pounds that any American superintendent should go to England and should have free access to all public asylums there, and that in a search of one month he

would not be able to find one patient therein in any form of mechanical restraint.

I have before me a full report of the great discussion above referred to, but the subject is so threadbare, in the pages of *The Lancet*, wherein the great battle was fought in ancient times, that I shall only venture upon a few brief extracts and remarks. The termination, however, of the discussion is so astounding and instructive, that I really must entreat *The Lancet* to find space for it.

"Dr. Walker, of the Boston Asylum, vice president of the Association, acting as president in the absence of Dr. Nichols, said: I was gratified when visiting the institutions in England—the few I did visit—to find that almost universally (certainly in four-fifths of the cases) the superintendents expressed themselves in favor of mechanical restraint, and singularly enough, the superintendents lay the blame of non-restraint upon the Commissioners in Lunacy, and the Commissioners in Lunacy throw it back upon the superintendents. They say the superintendents are emulous one of another to report the smallest number of restraints during the year. Certainly in my presence and that of an American medical friend accompanying me, almost without exception they expressed their preference for mechanical restraint, and hoped they would have it established there. From an experience of over twenty years, and from a careful and, I hope, by no means superficial study of this question, I firmly believe that in the future the practice of our best American asylums now *will become the governing rule of Christendom*. Dr. Rodman: Did you visit Conolly's asylum? The President: I did. Dr. Rodman: What is the practice now? The President: That was the only hospital that I visited where I found any difference at all as to mechanical restraint. There they were using, so far as I observed, the attendant's hands and the closed room. Dr. Rodman: If the change begins there, and ends there, it certainly must be apparent to every member of this Association that the days of non-restraint have died out. The President: They told me that the adoption of non-restraint was not due to Dr. Conolly at all, but through the superintendent of the female department, a modest and retiring man, who attempted to abolish mechanical restraint, and succeeded. Seeing the result in his hands, Dr. Conolly adopted it and became its champion and high priest. Dr. Rodman: Dr. Conolly has the credit as the apostle of non-restraint. The President: Not only the apostle of non-restraint, but the apostle of humanity too."

I must resist the strong temptation to treat the above in the manner it invites, yet how to treat it seriously I scarcely know. Yet it is a most serious matter, and reveals the true foundation of the American prejudice—namely, profound ignorance of what has really been done, and is yet doing, in this country.

Among all the medical men connected with asylums and the treatment of insanity whom I met with in the States, amounting to nearly a hundred, I only met with two who mentioned to me that they had visited our asylums, and had really studied our system, and both of them were ardent admirers of it. The first of these was Dr. Edward Jarvis, the well-recognized head of his profession, but, alas, now a head enfeebled by age and infirmity. This most able man urged me to travel the States on a mission of reform, which, unfortunately, my own health rendered me quite incapable of doing. The other person was the senior assistant physician to the McLean Hospital for the Insane, whose name I forget, but who, while earnestly studying the treatment of the insane in England, lost his promotion in America. He also had become a thorough convert to our opinions and practice, which I truly hope will not prejudice him in the eyes of his professional brethren.

And here I may very fairly ask why the leaders of medical opinion in America do not come to this country, and really study this most important question fully and conscientiously? The result would not be doubtful. The leading men of mental medicine in France and Germany did so, and were convinced. The illustrious Griesinger has told us in noble words how his adverse opinions were changed to joyful astonishment by personal observation of the working of the non-restraint system from one end of England to the other, and that objections to the system proceed entirely from those who have not either practiced it, or seen it in practice.* Westphal, the eminent successor of this greatest of modern alienists, perhaps never stood in the position to be converted; no more staunch upholder of the system, however, exists. Morel, of Rouen, also one of the very ablest of the Frenchmen in our specialty, was an enthusiastic convert, and the Americans will do well to peruse his book on the subject, and to compare the faithful observations and earnest thought of a great mind with the above facile remarks of their President, with which they can scarcely be satisfied.

* *Pathologie und Therapie*, pp. 506-8; *Zweite Auflage*.

But I must not further delay to endeavor to make it apparent whereabouts the Americans are in their opinions and practices.

The discussion at Nashville was mooted upon an able paper by Dr. Ranney, and it was concluded by the President declaring that the members of the Association were "essentially a *unit* upon the question as presented by Dr. Ranney." This, however, was not quite correct, for an Abdiel was found in Dr. Lett, of Canada, who boldly declared, "So far as my experience goes, I think this is simply a question between good attendants and restraint." Dr. Worthington also came very near to rebellion against the law of the majority, when he asserted that in his asylum, the Friends' Asylum, at Philadelphia, "since the use of mechanical restraints has been almost entirely discontinued, there has been far less trouble in the management of the patients." The unanimous opinion of the remaining members of the Association, seems to be expressed in the following words of Dr. Smith, Superintendent of the State Asylum, Missouri. "This question has been very freely discussed at previous meetings of this Association, and the result was almost entire uniformity of sentiment in all well-conducted American institutions for the insane. No restraint is the general rule, and restraint the exception; while for many years past the tendency in this country has evidently been to reach the point of least possible restraint, *there have been very few, if any, converts to the non-restraint system in the true sense of the term.*"

This being the position taken, I shall endeavor to show by their own declarations what the superintendents of the State asylums consider the least possible amount of restraint, and the description of cases in which they think themselves justified in employing it.

Dr. Orpheus Everts, of the Indiana Hospital for the Insane, said: "I think we are all agreed; but the question seems to be how much and what kind of restraint is required? I know of no other object in sending these persons to an insane hospital, than that of proper restraint. * * When I assumed charge of the Indiana Hospital I found perhaps *fifteen per cent.* of the patients wearing some kind of mechanical restraint. I have reduced the ratio to not far from *two per cent.* *Below that I find it impracticable to go.*" Dr. Green, of the Georgia State Asylum, said: "I do not think that all the restraints we employ amount to two per cent. per annum with our five hundred and sixty patients. I certainly concur in the positive and absolute necessity of personal restraint." Dr. Green said that he applies mechanical restraint to four different classes of patients—namely, (1) to suicidal patients, (2) to "persons

who will not remain in bed," (3) "to persons who persistently de-
maude themselves of all clothing," and lastly (4) "to the inveterate
masturbator." Dr. Ranney, after mentioning that Dr. Bell had
reduced restraints in the McLean Asylum to less than one per
cent. so long ago as 1839, said: "Have we not sometimes fallen
below it on a plea of economy, or through a willingness to shirk
the unceasing, patient, and thoughtful attention a large number of
patients in hospital need, and thus brought upon ourselves and the
institutions under our care, the odium and the pernicious legisla-
tion that seem to have sprung out of, or at least to have closely
followed, some sharp criticisms in recent publications, and the ac-
rimonious utterances of intense humanitarians, or persons whose
mental integrity is at least questionable? And to just such results
shall we be ever in danger so long as restraint may be deemed
necessary, unless with unceasing vigilance we guard against the
abuses which with its use are liable to creep in." A very remark-
able passage this, as reasonable as it is forcible and eloquent. Dr.
Ranney thinks that mechanical restraint is "a valuable, if not in-
dispensable, auxiliary in the treatment," (1) of "cases of acute
mania, characterized by violent, destructive and mischievous pro-
pensities;" (2) in "patients who wound themselves, creating ulcers
that would never heal themselves, unless their hands were con-
fined;" (3) "it is the only safe course in guarding against the vio-
lence to which the epileptic insane are often liable;" (4) "persons
whose feelings are greatly perverted—exceedingly irascible—prone
to see insults, or evidence of conspiracy—are sometimes little less
ferocious than wild beasts, and feel little or no regard for human
life * * * for them seclusion or restraint, for varying periods,
seems to be necessary, and, for a small portion of this class, *almost
continuous*;" (5) "how shall we treat that so frequently fatal dis-
ease, acute delirious mania, if we do not apply restraint to secure
recumbency?" It will be observed that none of the five classes
enumerated by Dr. Ranney as requiring restraint tally with those
of Dr. Everts, so that already we have nine classes of lunatics
who need mechanical restraint, in America. Dr. Slusser, of the
Ohio Hospital for the Insane, adds to the number. "I have met
with a class requiring restraint not alluded to by the writer, Dr.
Ranney. I refer to those who persistently walk or stand, until
their extremities become swollen, and they give evident signs of
physical prostration. I have no way of controlling such, but by
tying them down on a seat. If there is any less objectionable mode,
I should like to know it. Then we have a class of noisy patients,

harmless in every other respect, but so loquacious and boisterous that they disturb the whole ward." With this climax we might well conclude this astounding classification, did not other superintendents, in their remarks afford us the means of adding to it: for instance, patients needing forced alimentation, (Dr. Curwen,) patients who butt their heads against the wall, (Dr. Forbes and Dr. Kilbourne,) and delusional cases, who are quiet, then suddenly rise up and make a violent attack upon somebody, (Dr. Carriel,)—*fourteen classes of the insane altogether who absolutely need mechanical restraint in the State Asylums of America*, according to the opinions and practice of their medical superintendents. It would be interesting to know how many classes of the insane our American brethren can reckon who do not require this indispensable means of treatment.

It would be tedious and useless to discuss the need in all these classes with the intention of showing by what means in England patients included in them would be treated, without the use of strait-waistcoats, muffs, camisoles, or the locked chairs: are they not written in the pages of *The Lancet*, in the days of the last generation? I shall, however, as an example, take the remarks made upon one class—namely, those patients who denude themselves or destroy their clothing—to indicate the lack of resource, which is one cause of all this employment of restraint. We know, by long and large experience, how easy it is to allow a lunatic perfect freedom of all muscular movement, and yet to prevent him from stripping himself, or from destroying his clothing, by the employment of outer clothes so fashioned that he cannot remove them, and so strong that he can not easily destroy them. This, with some care on the part of the attendants, is a perfect and facile remedy. Yet Dr. Curwen says: "When patients are obstinately bent on destroying their own clothing or that of others, it is safest and best to confine their hands." Dr. Eastman says: "At the Worcester Hospital there are a large number of chronic cases, who are very destructive and prone to denude themselves, and I am obliged to use a good deal of restraint on these accounts." Dr. Shew says: "I think we have all these cases—a persistent desire to destroy clothing particularly. No harm can come from restraint in either of these cases if properly used, but, on the contrary, much good may be done." Dr. Carriel says: "Then there is a class that denude themselves and tear their clothing, when restraint or seclusion becomes necessary." Dr. Green says: "In the case of persons who persistently denude themselves of all clothing, I think it

better to put them under restraint than to keep them in their rooms, and accordingly I restrain also that class of patients."

May we not ask, where is the wonderful ingenuity and inventive resource of the country if its skilled physicians allow themselves to be so easily defeated by the caprice of madmen who are so readily managed elsewhere? And so we might go through all the classes, were it worth while to repeat a thrice-told tale, and were not the great book of practical exposition worth infinitely more than all which language can convey—a book held open in this country from end to end, with men of large experience and skill, eagerly desirous to turn its pages to every earnest student, and in no spirit of arrogance or self-sufficiency, but in the truest desire to show a straighter path and a higher aim in a great department of the great art and science of healing.

Is it surprising that, at the present time, the management of asylums for the insane in America is the subject of mistrust with the people? The Americans, who are about the best informed, most inquisitive, and widely traveled people in the world, are not likely to be ignorant of the treatment of the insane in other countries, nor to be satisfied with the assurances of an official class that the most enlightened and advanced system of treatment is inapplicable in their own country. The result is a state of public feeling which is well expressed in the quotation which I have already made from the paper of Dr. Ranney, and which was repeatedly recognized by many speakers in the debate. Flowery words break no bonds; and such highfaluting assertions as that "in any comparison of the treatment of the insane in different countries we can but look with pride upon the advanced humanity of our own," must have been felt by Dr. Ranney somewhat insincere when he uttered it just after the avowal that "the use of mechanical restraint has divided professional opinion in this country, and has deeply stirred public sentiment from time to time, and perhaps has been the cause of much of the popular odium that has been cast upon hospitals for the insane and their directors in some quarters." Sooner or later he and Dr. Curwen will find that the public demand for the abolition of mechanical restraint is no "hue-and-cry of a sensational character," nor "a strong public opinion based more upon feeling than upon knowledge." The Americans are not a people to whom this taunt is like to apply justly for any length of time, even if it be partially true at the present time, which the successful resistance of the superintendents would seem to make probable. When full knowledge comes either to the

latter or to the public, they will have to vacate this untenable position.

At the meeting of superintendents held in 1875 the discontent and distrust of the public with the management of the American asylums were still more emphatically expressed. The debate was upon a project of law, proposed by a Mrs. Packard, that locked letter-boxes, under the control of the Post Office, should be placed in each asylum ward. This law, going so far beyond our own (25 and 26 Vict., cap. iii., sec. 40,) which works perfectly well, would no doubt be most objectionable; but the reasons given by the superintendents for opposing it manifest the deep mistrust of which they are conscious. One asserted: "It seems to me an unquestionable fact that during the last few years American institutions for the insane have been, and perhaps still are, on trial before an alarmed and prejudiced public." Another, and no less an authority than Dr. Isaac Ray, forgetful of the difference between a sane and free man suffering from sickness in his own house and a lunatic incarcerated in an asylum, lays down the following proposition against the establishment of a central authority: "If the time shall ever come when the Legislature, in its zeal for the public good, shall establish a board of officers to supervise the medical practice of the State, with power to enter every sick man's chamber, to inquire respecting the medicine and diet prescribed and any other matter connected with his welfare, and report the results of their examination to the constituted authorities, then it may be proper to consider the propriety of extending the same kind of paternal visitation to the hospitals for the insane." Dr. Ray thinks that the free and independent action now possessed by the officers of asylums ought not to be disturbed by the intrusive element of official visitation. We do not find in England that the free and independent action of our superintendents of asylums is much disturbed by the visitation of the Commissioners in Lunacy, but we do enjoy the advantage thereby that no one shall greatly lag behind the knowledge and science of his time in the treatment of his patients without his shortcomings being investigated and published, and the great additional advantage that the general management of our asylums possesses the full confidence of the public.

With regard to the constantly repeated proposition of American superintendents, that they maintain and defend the use, but not the abuse, of mechanical restraints, I have only to remark that the use of such restraint must always be an abuse whenever and

wherever it may be avoided or substituted by a more skillful mode of treatment, inflicting less suffering upon the patients; and that, at the present day, the extent to which this can be effected is not a matter which the Americans must be left to discover for the first time from their own experience, since a very moderate amount of honest investigation in this country and on the continent must convince any candid mind that the proportion of lunatics on whom restraint can not be so avoided is extremely small.

Our American brethren tell us, indeed, that there is some wonderful peculiarity in the American character, which distinguishes it from that of the parent race in the old country in preferring the restraint of instrumental bonds to that of moral influence. President Dr. Walker assured his hearers that this was so. He said: "I suppose if anything has been settled to the satisfaction of the members of this Association it is that, in this country, our patients, by *original temperament*, or by some inherent quality in the *universal Yankee*, will not submit to the control of any person they consider their equal or inferior as readily as to that of mechanical appliances." Dr. Compton also said: "I think an asylum can not be found in this country, where the first thing a boy learns to read is the Declaration of Independence, and where every youngster learns that he is 'in the land of the free and the home of the brave,' in which restraint will not be found necessary." I shall only remark that the same argument was in the early days of this debate used by the physicians of Germany, as Griesinger states with unsuppressed contempt. And even in Scotland it was said that the *perferidum ingenium* of its people made many of the insane there only capable of being treated like wild animals.

With regard to the English, I may observe that the non-restraint system has been practically found to be well adapted to the treatment of the insane of the upper classes, who are as free from imputation of servility and submission to beadleism as the glorified citizens of America can themselves be.

It can, however, scarcely be doubted by those who know even a little of America that the "inherent quality" attributed to the "universal Yankee" of peculiar resistance to moral influences and rebellion against kindly and sympathizing treatment is an unjust and unfounded libel upon him. The average American, of the agricultural, artisan and laboring classes, may possibly hold himself somewhat more stiffly on his manhood and citizenship than the subject of Queen Victoria of equivalent estate, though we somewhat doubt the fact; but without doubt he is, as a rule, more

instructed, intelligent, and self-respecting. Any Englishman who has mixed in American mobs, as I have done, will have been astonished and somewhat humiliated at the absence of the "rough" element in them, at the self-respect, regard for the rights of others, and, above all, at the sobriety which he has witnessed. And if he has taken the trouble to inquire, he will find that the dirtiest and poorest-looking man he has encountered has received what we should consider almost a liberal education. If he looks through the police reports he will be struck with the absence of those brutal assaults upon women and children and feeble persons which are the present reproach of our most imperfect civilization. If he has had the privilege of knowing many Americans at their own hearths, or perhaps I should say stoves, he will have become convinced that the influence of politics, *societetics*, and climate, have resulted in the production of a most kindly, friendly, and orderly variety of the Anglo-Saxon race, full of domestic affections and social sympathies, peculiarly liable to be led by moral and reasonable guidance. And these are the men for whom the American physicians declare that bonds of hemp and iron are absolutely indispensable in the treatment of their mental maladies, while for the rough Englisman, the *dour* Scot, and the *hartnackig* German, they have been proved to be both superfluous and mischievous!

I should hesitate to declare that all races were equally fit for the non-restraint system, and perhaps a house full of maniacal Malays or Kaffirs would be troublesome to manage by moral and reasonable methods. The essence of non-restraint system is to lead the lunatic by such remains of mental power and coherence as the physician can lay hold upon, and where there has been least mind, there would be the slightest means of moral guidance; but to make the men of the United States an exception because they, more than others, have learned how to rule themselves, is a blundering censure upon their culture and their virtues.

Moreover, if American patients are independent, ingenious, and bold, and therefore not easily guided and controlled, are not the physicians Americans also, and being possessed of the qualities of their race, do they not stand in the same relation to their patients as the physician of other countries to their insane countrymen? Do they not possess the same advantages of courage, culture, and experience, and above all, that of a sound mind in a sound body, which qualifies them to undertake the care and treatment of their compatriots who are bowed down by mental infirmity and frequent physical disease? Verily we believe that this spread-eagle apol-

ogy for the bonds of freemen is the most feeble, futile, and fallacious which could possibly be imagined. Another, however, which is worse, I shall leave unanswered, because it does not seem worthy of an answer. It is this, that because in the treatment of insanity certain remedies are useful, and are, so to say, a restraint upon abnormal changes in the organism, therefore the restraint of locked chairs and strait-waistcoats is justified. When such an argument is used, as it was by Dr. Hughes, of St. Louis, the quiver of the logician must be about empty.

Finally, I must make an apology myself for the uncompromising manner in which I have criticised the utterances and opinions of my professional brethren in this matter. I am seriously afraid that it will cost me some good will in quarters where I most earnestly desire to retain it, and if this were not a question of the highest principle with me, on which I should not hesitate to sacrifice, if need be, the most cherished friendship, I would most willingly have been silent, or have spoken with bated breath. But that the American nation, whom I have learnt to know only to respect and love, should remain under the incubus of this professional prejudice; that the American superintendents, among whom I count some of my dearest friends, should lag lamentably behind the science of their age; that the greatest reform in the treatment of mental disease, inaugurated by and among Anglo-Saxons, should be bounded by national barriers, and denied to the largest community of the Anglo-Saxon race, this I could not sit down with a quiet conscience silently to think upon. Far be it from me to dogmatise my psychiatric colleagues in the United States; but I may be permitted earnestly to entreat them to take a wide and general view of their position in their own social surroundings, and in the wide world of science. My fervent hope for them is that by doing so they will decide to cast behind them a narrow prejudice, and thus be able to reinstate themselves in the front ranks of practical philanthropy, and the confidence of their compatriots. They are men, as I most willingly testify, animated by the highest motives of humanity, but ignorant and mistaken in their application of means to the furtherance of that great end to which we all press forward—namely, to the care and cure of the insane with the least amount of suffering. That they will do this without much delay I very confidently predict; that they will sink five fathoms deep their bonds of hemp and iron; and bring “medicine to a mind diseased” only in the shape of medical and mental influence; that they will jealously guard the enjoyment of all

innocent freedom for their patients, and all possible publicity in the management of their institutions, I feel as sure as that they and their countrymen are destined in the ages to be our own great rivals in the race of social and scientific progress in this and in all other matters. In a few years they will look back upon their utterances in defence of mechanical restraint with the same wonderment with which they may now regard all that has been said in defence of domestic slavery, but with no wounding recollections of war and conflict, and then they will forgive me or my memory for that I have written the above words which may perchance have hastened this happy change.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS.

The Thirtieth annual meeting of the Association was held at the Continental Hotel, in the City of Philadelphia, commencing at 10 A. M., of June 13, 1876.

The meeting was called to order by the Vice President, Dr. Clement A. Walker.

Gentlemen of the Association. In the unexpected absence of our good President, Dr. Nichols, it once more becomes my unwilling duty to call the meeting to order, and to invite your participation in the business before the Association. It is hoped, before the day is passed, Dr. Nichols will be here in his accustomed place, until then, however, the business of the Association must go on as usual, and without any preliminaries whatever, I will call upon the Secretary to read the minutes of the last meeting.

The Secretary then read the proceedings of the last meeting.

The following members were present during the sessions of the Association.

Dr. Wm. M. Awl, Columbus, O.

Dr. R. F. Baldwin, Western Lunatic Asylum, Staunton, Va.

Dr. J. W. Barstow, Sanford Hall, Flushing, N. Y.

Dr. W. Black, Eastern Lunatic Asylum, Williamsburg, Va.

Dr. James A. Blanchard, Kings County Lunatic Asylum, Flatbush, N. Y.

Dr. D. J. Boughton, Hospital for the Insane, Mendota, Wis.

Dr. D. Tilden Brown, Bloomingdale Asylum, Manhattanville, New York.

Dr. Henry W. Buel, Spring Hill Institution, Litchfield, Conn.

Dr. W. H. Bunker, Longview Asylum, Carthage, O.

Dr. John S. Butler, Hartford, Conn.

Dr. H. A. Buttolph, State Lunatic Asylum, Morristown, N. J.

Dr. R. C. Cabell, Jr., Assistant Physician, Central Lunatic Asylum, Richmond, Va.

- Dr. John H. Callender, Hospital for the Insane, Nashville, Tenn.
Dr. T. B. Camden, Hospital for the Insane, Weston, W. Va.
Dr. H. F. Carriel, Hospital for the Insane, Jacksonville, Ill.
Dr. George C. Catlett, Lunatic Asylum No. 2, St. Josephs, Mo.
Dr. John B. Chapin, Willard Asylum for the Insane, Willard,
New York.
Dr. R. C. Chenault, Eastern Lunatic Asylum, Lexington, Ky.
Dr. W. S. Chipley, Cincinnati Sanitarium, College Hill, O.
Dr. Daniel Clark, Asylum for the Insane, Toronto, Ont.
Dr. Wm. M. Compton, Lunatic Asylum, Jackson, Miss.
Dr. John Curwen, Pennsylvania State Lunatic Hospital, Harris-
burg, Penn.
Dr. James H. Denny, New York.
Dr. J. F. Ensor, Asylum for the Insane, Columbia, S. C.
Dr. Orpheus Everts, Hospital for the Insane, Indianapolis, Ind.
Dr. C. C. Forbes, Central Kentucky Lunatic Asylum, Anchorage,
Kentucky.
Dr. F. G. Fuller, Hospital for the Insane, Lincoln, Neb.
Dr. John P. Gray, State Lunatic Asylum, Utica, N. Y.
Dr. Thomas F. Green, State Lunatic Asylum, Milledgeville, Ga.
Dr. Eugene Grissom, Insane Asylum, Raleigh, N. C.
Dr. Richard Gundry, Hospital for the Insane, Athens, O.
Dr. Henry M. Harlow, Hospital for the Insane, Augusta, Me.
Dr. J. Welch Jones, Lunatic Asylum, Jackson, La.
Dr. Walter Kempster, Hospital for the Insane, Oshkosh, Wis.
Dr. Edwin A. Kilbourne, Hospital for the Insane, Elgin, Ill.
Dr. Thomas S. Kirkbride, Pennsylvania Hospital for the Insane,
Philadelphia, Penn.
Dr. L. R. Landfear, Hospital for the Insane, Dayton, O.
Dr. A. E. Macdonald, City Asylum for the Insane, Ward's Is-
land, N. Y.
Dr. C. F. MacDonald, State Lunatic Asylum for Insane Crimi-
nals, Auburn, N. Y.
Dr. Edward Mead, Boston, Mass.
Dr. F. W. Mercer, Assistant Physician, Hospital for the Insane,
Anna, Illinois.
Dr. Charles H. Nichols, Government Hospital for the Insane,
Washington, D. C.
Dr. R. L. Parsons, City Lunatic Asylum, Blackwell's Island,
New York.
Dr. Mark Ranney, Hospital for the Insane, Mt. Pleasant, Ia.
Dr. Isaac Ray, Philadelphia, Penn.

Dr. A. Reynolds, Hospital for the Insane, Independence, Ia.
Dr. D. D. Richardson, Department for the Insane, Almshouse,
Philadelphia.

Dr. John W. Sawyer, Butler Hospital, Providence, R. I.
Dr. S. S. Schultz, State Hospital for the Insane, Danville, Penn.
Dr. A. M. Shew, Hospital for the Insane, Middletown, Conn.
Dr. T. R. H. Smith, Lunatic Asylum No. 1, Fulton, Mo.
Dr. Henry P. Stearns, Retreat for the Insane, Hartford, Conn.
Dr. J. T. Steeves, Provincial Lunatic Asylum, St. John, N. B.
Dr. Clement A. Walker, Lunatic Hospital, Boston, Mass.
Dr. D. R. Wallace, Hospital for the Insane, Austin, Texas.
Dr. J. H. Worthington, Friend's Asylum for the Insane, Frank-
ford, Philadelphia, Penn.

The following gentlemen were present by invitation.

Dr. P. O. Hooper, Little Rock, Ark.
Mr. D. A. Ogden and Dr. W. A. Swaby, Trustees of the Wil-
lard Asylum for the Insane, Willard, N. Y.

Rev. A. H. Kerr and Heaman Talbot, Commissioners of the
State Hospital for the Insane, St. Peter, Minn.

Mr. John Sunderland, Superintendent of Construction of State
Hospital for the Insane, Warren, Penn.

Mr. Whetstone, President of the Board of Trustees of Cincin-
nati Sanitarium.

Mr. John W. Chase, Trustee of the Maine Hospital for the In-
sane, Augusta.

Dr. D. H. Kitchen, New York.

Hon. J. W. Langmuir, Inspector of the Hospitals and Prisons
of the Province of Ontario.

Dr. T. S. Sumner, New York.

Francis Wells Esq., of the Board of Public Charities of Penn-
sylvania.

Rev. F. H. Wines, Secretary of the Board of Public Charities
of Illinois.

Letters were read by the Secretary from Drs. DeWolf,
Jelly, Barnes, Landor, Draper, Eastman and Jarvis,
regretting their inability to attend this meeting.

Dr. KIRKBRIDE. Mr. President, before proceeding to the regu-
lar business of the Association, I beg leave on behalf of the Mana-
gers of the Institution with which I am connected, the medical

profession and the citizens of Philadelphia, to tender to you a cordial welcome to the "City of Brotherly Love." Philadelphia, as you all know, has a peculiar interest for this Association. It was in 1844, nearly thirty-two years ago, that it was formed here, when its first meeting was held in Jones' Hotel, on Chestnut Street, below Seventh Street, by the thirteen superintendents who were its original members. Two of these still remain in active service. All the others have died or retired from hospital duties, and I am sure, we may say of these latter, that their names will be honored in all future time. Of the Association itself, it is safe to declare, that by its thirty meetings, its full discussions of nearly every subject connected with insanity, its visits to institutions, and by other influences, it has done more, during the period of its existence, to promote the best interests of the insane than all other causes combined. Its carefully matured declarations have been recognized as authority, by legislative bodies, building commissions, boards of management, and others taking a special interest in the insane, both at home and abroad. Without detaining you longer, I trust I shall be pardoned for expressing, in a few words, my regrets which I feel are participated by all of you, at the absence of our honored President, Dr. Nichols, of the Government Hospital for the Insane at Washington. As is well known to you all, he has been for the last three months, and now is, under the harrow of "investigation by a congressional committee," but I am proud to say, that thus far, and I feel it will be so in the future, he has come out of that investigation, without one bruise or scratch, or without one particle of that filthy mud which has been so persistently thrown, adhering to him. It is sad to know that such uncalled for proceedings can be carried out against a man, who has been an honor to his profession, and whose course has met with our unqualified approbation. I am sure that those who have known Dr. Nichols, as I have, intimately, for more than a quarter of a century, who have been in the habit of visiting his institution, at frequent intervals, who have watched, as I have, his faithful work in the interests of the Government, will unite with me in declaring that the Government has had no more faithful officer, no asylum a more humane superintendent, the insane no better friend, (applause.) I am quite sure that circumstances that have occurred within twenty-four hours have prevented Dr. Nichols from being with us at our first meeting. Once more I tender you a cordial welcome to Philadelphia.

Before proceeding to other business, I may state that I have been requested by Dr. Chapin, of the Willard Asylum for the In-

sane, to state that he has been recalled from Philadelphia, by the melancholy intelligence of the unexpected death of his friend, our colleague, Dr. George Cook, of the Institution at Canandaigua, New York, who was stabbed by a patient under his care yesterday morning. No further information has been received in regard to this melancholy event, but we may expect to hear from Dr. Chapin, to-morrow.

I would move that a committee be appointed to take proper notice of the death of Dr. Cook, and that Dr. Chapin, who has been so long associated with him, be made its chairman.

The motion was agreed to.

The President appointed as the other members of the Committee, Drs. Brown and A. E. Macdonald.

On motion of Dr. Chenault it was resolved that a committee be appointed to prepare a notice of Dr. Geo. Syng Bryant, of Lexington, Kentucky.

The committee appointed consisted of Drs. Chenault, Callender and Compton.

On motion of Dr. Kirkbride, it was resolved that the President appoint the usual Standing Committees.

The Chair appointed on the Committee on Business, Drs. Kirkbride, Grissom and Curwen.

Dr. Compton introduced to the Association, Dr. P. O. Hooper, of Little Rock, Arkansas. Dr. Gray introduced Mr. D. A. Ogden and Dr. W. A. Swaby, trustees of the Willard Asylum for the Insane, Willard, New York.

Dr. Kirkbride, on behalf of the Managers of the Pennsylvania Hospital, offered the Association the use of their library room for the meetings of the Association in case the room now occupied should not prove satisfactory. Dr. Kirkbride also invited the Association to spend Thursday at the Pennsylvania Hospital for the Insane, the morning at the Department for Males, and the afternoon at the Department for Females, and the evening socially at his residence.

profession and the citizens of Philadelphia, to tender to you a cordial welcome to the "City of Brotherly Love." Philadelphia, as you all know, has a peculiar interest for this Association. It was in 1844, nearly thirty-two years ago, that it was formed here, when its first meeting was held in Jones' Hotel, on Chestnut Street, below Seventh Street, by the thirteen superintendents who were its original members. Two of these still remain in active service. All the others have died or retired from hospital duties, and I am sure, we may say of these latter, that their names will be honored in all future time. Of the Association itself, it is safe to declare, that by its thirty meetings, its full discussions of nearly every subject connected with insanity, its visits to institutions, and by other influences, it has done more, during the period of its existence, to promote the best interests of the insane than all other causes combined. Its carefully matured declarations have been recognized as authority, by legislative bodies, building commissions, boards of management, and others taking a special interest in the insane, both at home and abroad. Without detaining you longer, I trust I shall be pardoned for expressing, in a few words, my regrets which I feel are participated by all of you, at the absence of our honored President, Dr. Nichols, of the Government Hospital for the Insane at Washington. As is well known to you all, he has been for the last three months, and now is, under the harrow of "investigation by a congressional committee," but I am proud to say, that thus far, and I feel it will be so in the future, he has come out of that investigation, without one bruise or scratch, or without one particle of that filthy mud which has been so persistently thrown, adhering to him. It is sad to know that such uncalled for proceedings can be carried out against a man, who has been an honor to his profession, and whose course has met with our unqualified approbation. I am sure that those who have known Dr. Nichols, as I have, intimately, for more than a quarter of a century, who have been in the habit of visiting his institution, at frequent intervals, who have watched, as I have, his faithful work in the interests of the Government, will unite with me in declaring that the Government has had no more faithful officer, no asylum a more humane superintendent, the insane no better friend, (applause.) I am quite sure that circumstances that have occurred within twenty-four hours have prevented Dr. Nichols from being with us at our first meeting. Once more I tender you a cordial welcome to Philadelphia.

Before proceeding to other business, I may state that I have been requested by Dr. Chapin, of the Willard Asylum for the In-

sane, to state that he has been recalled from Philadelphia, by the melancholy intelligence of the unexpected death of his friend, our colleague, Dr. George Cook, of the Institution at Canandaigua, New York, who was stabbed by a patient under his care yesterday morning. No further information has been received in regard to this melancholy event, but we may expect to hear from Dr. Chapin, to-morrow.

I would move that a committee be appointed to take proper notice of the death of Dr. Cook, and that Dr. Chapin, who has been so long associated with him, be made its chairman.

The motion was agreed to.

The President appointed as the other members of the Committee, Drs. Brown and A. E. Macdonald.

On motion of Dr. Chenault it was resolved that a committee be appointed to prepare a notice of Dr. Geo. Syng Bryant, of Lexington, Kentucky.

The committee appointed consisted of Drs. Chenault, Callender and Compton.

On motion of Dr. Kirkbride, it was resolved that the President appoint the usual Standing Committees.

The Chair appointed on the Committee on Business, Drs. Kirkbride, Grissom and Curwen.

Dr. Compton introduced to the Association, Dr. P. O. Hooper, of Little Rock, Arkansas. Dr. Gray introduced Mr. D. A. Ogden and Dr. W. A. Swaby, trustees of the Willard Asylum for the Insane, Willard, New York.

Dr. Kirkbride, on behalf of the Managers of the Pennsylvania Hospital, offered the Association the use of their library room for the meetings of the Association in case the room now occupied should not prove satisfactory. Dr. Kirkbride also invited the Association to spend Thursday at the Pennsylvania Hospital for the Insane, the morning at the Department for Males, and the afternoon at the Department for Females, and the evening socially at his residence.

Dr. Worthington invited the Association to visit the Friend's Asylum for the Insane on Friday.

Dr. Richardson invited the Association to visit the Department for the Insane of the Philadelphia Almshouse.

These invitations were accepted and referred to the Committee on Business.

Dr. C. F. MacDonald moved the appointment of a committee to prepare a notice of the death of Dr. James W. Wilkie, which was agreed to, and Drs. C. F. MacDonald, J. B. Chapin and A. M. Shew, were appointed said Committee.

On motion the Association took a recess for fifteen minutes.

On reassembling, Dr. Curwen introduced to the Association, Rev. A. H. Kerr and Mr. H. Talbot, Commissioners of the State Hospital for the Insane, St. Peter, Minnesota, and Mr. John Sunderland, Superintendent of Construction of the State Hospital for the Insane, at Warren, Pennsylvania.

Dr. Chipley introduced Mr. Whetstone, President of the Board of Trustees of the Cincinnati Sanitarium.

Dr. Harlow introduced Mr. John W. Chase, Trustee of the Hospital for the Insane, Augusta, Maine, and these gentlemen were invited to take seats with the Association.

The President announced the appointment of the Standing Committees as follows :

To Audit the Treasurer's Account : Drs. Worthington, Carriel and Wallace.

On Time and Place of Next Meeting : Drs. Ray, T. R. H. Smith, and Baldwin.

On Resolutions, &c. : Drs. Chipley, A. E. Macdonald and Green.

The Committee on Business made the following report which was adopted.

The Committee on Business respectfully recommend that the Association continue in session until 2 P. M., this afternoon. Meet at 10 A. M., of Wednesday, and remain in session until 2 P. M. Visit the Department for the Insane of the Philadelphia Almshouse in the afternoon, and hold a session at 8 P. M., to hear a paper by Dr. Ray. On Thursday, meet for session at the Department for Males of the Pennsylvania Hospital for the Insane at 10 A. M., lunch there at 2 P. M., and visit the Department for Females in the afternoon, and spend the evening sociably at the residence of Dr. Kirkbride. On Friday, visit the Friend's Asylum and hold a session there at 11 A. M. On Saturday, meet at 10 A. M., for final business. Ladies with members or visitors will be expected to accompany them. Conveyances will leave the Continental Hotel at 9 A. M., on Thursday for the Pennsylvania Hospital for the Insane, and will bring the members back in the evening. The arrangements for going to the Friend's Asylum will be announced in due time. The papers which are expected to be read will be announced in due time.

On motion of Dr. Curwen it was resolved that a committee of three be appointed to prepare a list of members, twenty in number, to represent this Association, at the International Medical Congress, to meet in Philadelphia, on September 4, 1876.

The chair appointed on said committee, Drs. Curwen, Kilbourne and Denny.

Dr. KIRKBRIDE. I ought to say, on behalf of the Committee on Business, that the arrangements that have been proposed have a particular reference to the Centennial Exhibition, it being believed that members would like to devote a portion of their time in visits to the Exposition. Without making any positive arrangements we have been disposed to allow them to use their own pleasure, and take as much of this afternoon and evening for that purpose as they see proper.

Dr. KIRKBRIDE. At the last meeting of the Association, a committee was appointed to take some notice of our late friend and distinguished colleague, Dr. Stribling, of Virginia. You may remember that an admirable notice of his life and service was read by a gentleman from that State, Dr. Baldwin, and which seemed to go over the whole ground so thoroughly that the committee

have not thought it necessary to do more than offer a few resolutions which I will now read to you.

Resolved, That this Association desires to place on record its high appreciation of the eminent professional and social character of their lamented colleague, the late Francis T. Stribling, for more than thirty years, the able Superintendent of the Western Lunatic Asylum of Virginia, and the great value of his services in that and various other prominent positions, with which his fellow-citizens honored him.

Resolved, That during his long connection with the care of the insane, he manifested an unfaltering devotion to their best interests, and a most liberal appreciation of the duties which every State owes to its afflicted citizens, which conjoined with a steady and courageous advocacy of whatever he deemed right, secured for him in a remarkable degree, the highest confidence of his fellow men and of the governing authorities of his native commonwealth.

Resolved, That as one of the founders of this Association, he is entitled to our grateful remembrance, for he always felt the highest interest in its proceedings, and was ever the zealous advocate of the most humane and enlightened mode of providing for the insane.

Resolved, That distinguished as was his career as a hospital superintendent and as a psychological student; it was in his private life, in the sanctity of home, and in social intercourse that those who had the privilege of his acquaintance, learned most surely to love and esteem him and honor him for his noble traits of character.

Resolved, That these resolutions be entered on the minutes of the Association, and the secretary be directed to forward a copy of the same to his family, as a feeble tribute to the memory of their late associate, and some evidence of the high esteem in which the name of Francis T. Stribling will ever be held by its members.

THE CHAIR. It has been the custom of this Association to spend the early hours of our meeting in listening to reports on the progress made in the treatment and care of the insane throughout the country. Recognizing that Maine is the first on the list, I call on Dr. Harlow for a report in regard to the state of affairs in Maine.

DR. HARLOW. I have but little to report in regard to the cause of the insane in the State I represent. I am pleased to say that we have at our Institution tried to keep pace with the improvements of the age, touching the care of this unfortunate class. The

treatment continues essentially the same as that recognized at other similar institutions. We have endeavored to do away as much as possible with mechanical restraint, but we do not abandon it altogether, as it is alleged to be done by some of our brethren across the water. We use the leather belt and wristers, and the camisole when deemed advisable. Last year we erected a new building in which we have a chapel or amusement hall, a kitchen and other apartments. The chapel and amusement hall we have found quite an advantage in the treatment of the patients. It affords the means of comfort and recreation not heretofore enjoyed in our Hospital, and it has been in pretty constant use since it was completed, with readings, concerts and theatricals. In our medical treatment we employ the usual remedies such as seem best suited to each case.

The CHAIR. As there is no representative of New Hampshire or Vermont present, and no one has arrived from Massachusetts, who will be able to address us, I would call upon Dr. Sawyer of Rhode Island.

Dr. SAWYER. I am not aware of any important change in the condition of the insane of Rhode Island during the past year. There are about three hundred insane in the State, nearly equally divided between the Butler Hospital and the State Asylum for Incurables.

Dr. RAY. What can you say about the State Farm as an example of treating chronic patients at less price than usual in other hospitals? Have you had any means of knowing? I am very sure that information would be very acceptable to the Association.

Dr. SAWYER. I do not know that I shall be able to give you much information about it. I have seen the patients there, and they always seem to be well taken care of. I do not know what the expense is a week, it is very low. I have not any exact figures on that point.

The CHAIR. Dr. Buel, of Connecticut, we will be glad to hear from you.

Dr. BUEL. I have very little to report to the Association. There are gentlemen here who are better fitted to report upon the state of matters in the State of Connecticut than I am. One veteran officer of the Institution sits there, and I have no doubt can entertain the convention with a report upon this subject, which will interest you much more than I would be able to do. I call upon Dr. Butler to fill my place.

Dr. BUTLER. This call upon me is unexpected. I am not therefore prepared to make any special report. As I have "retired," those in command and on active duty can tell the story much better than myself. Dr. Shew and Dr. Stearns are here and can give a more minute and exact account. I can assure the Association that our institutions are well managed, are prospering and winning public confidence by their good and healthy progress.

The CHAIR. Unfortunately Dr. Shew and Dr. Stearns are both absent from the room, but I see Dr. Gray of New York. We would like to hear from him.

Dr. GRAY. There are several State asylums in New York, but at this time there are no representatives of these institutions present except myself. I may, therefore, speak for the State. During the past year progress has been continued in the construction of the four new State institutions. The Willard Asylum for chronic insane has been extended by the completion of the large building under way when the Association met there last year. It has just been opened for the reception of women. Work has also been continued on the Hudson River, the Buffalo and the Middletown State institutions, and liberal appropriations were made by the last Legislature for all. The appropriation for the Hudson River Asylum, at Poughkeepsie, will complete half the building for patients, leaving the central structure and the other wing. A large appropriation, \$120,000, was made for the Buffalo Asylum, and all that was asked for the finishing of structures already commenced at Ovid and Middletown. Though no one institution has received as large an amount as is often or occasionally given in other States, in the aggregate, the sum is liberal, and doubtless appropriations will be made annually until the insane of the State are properly provided for by the completion of all these institutions. This will increase the State accommodations over what it was for many years, at least twenty-five hundred, which, with Utica, will make the State provision over three thousand. The State Asylum for Insane Criminals will be spoken of by Dr. C. F. MacDonald and Dr. A. E. Macdonald can give you a better idea of the condition and progress made in the large institutions of the City of New York than I can.

The CHAIR. We will be glad to hear from Dr. Macdonald.

Dr. A. E. MACDONALD. Mr. President and Gentlemen, with regard to the Institution under my care, to which I shall refer entirely in my few remarks, I am happy to say that I can report very considerable progress since the last meeting of the Associa-

tion. You will remember, possibly, that my statement of its condition at that time was not a very flattering one. Having come to the conclusion that this condition was largely due to the fact that the medical officers of the Institution had unfortunately acquiesced, perhaps, too readily, in the method of management that had been in vogue there for some time; I determined, for myself, to try the experiment of telling the plain truth about the condition of affairs, knowing that it would result in one of two ways, either in the improvement of the Institution or its remaining in its then condition, under the management of somebody else than myself. I am happy to say that the response on the part of the commissioners to my representations of the condition of affairs was very prompt and very ample. Dr. Ordronaux, the efficient Commissioner in Lunacy of the State, was called in consultation, and a number of changes were made. The one upon which, as we thought, all others hinged, was an alteration in the management of the Institution. Under the old arrangement, the office of warden existed, and to its incumbent were assigned all the executive duties, leaving to the physicians simply the medical treatment of patients. This condition of affairs was altered by placing the Institution upon the same footing as the State asylums, and giving the medical superintendent the sole executive authority. Following this, the most important change, was, perhaps, that in the diet of the patients. The dietary scale was very much increased, both in the number of articles allowed, and in the quality of the several articles. It was anticipated that this improvement would entail an increased expenditure of ten thousand dollars a year, and in fact the expenditure upon that account was so increased, but a corresponding reduction was rendered possible in other branches of the expenditure which more than counterbalanced this increase. The change was indeed an actual saving to the Institution, from the fact that the physicians were not obliged, as before, to have recourse to the drug store and the liquor closet, for what they ought to have found in the larder and kitchen. The patients being better fed, were less destructive, and required less medicine and stimulants, and hence resulted a saving in the cost of clothing and different articles of furniture, and for supplies of medicine and liquors, more than equal to the increased expenditures for provisions. During the three months following the adoption of this plan, there was a very marked increase in the comfort of the patients, and in their well being generally, and their letters to their friends were full of praise of the new order of things. Following

the change there was a marked increase in the number of recoveries, and what was more decisive, a decrease in the death rate of the Institution of fifty per cent. In the short time that has elapsed since the change was made, the good results have been so conspicuous, that I have very little doubt, that at the next meeting of the Association, I shall be able to make a report more favorable still.

Dr. COMPTON. Mr. President, the account we have heard from Dr. Macdonald is very entertaining, and ought to carry a practical lesson to us all, but he has left us in the dark as to the quantity and variety of the diet before it was changed, and as to what it was before he took charge of the Institution, and he has not told us what it is now. I would be very glad if the Doctor would give us some idea of the extent of the improvement in the diet, what the diet was before, and what change he has made, in other words, if the patients were starved before he took charge of them.

Dr. A. E. MACDONALD. In answer to Dr. Compton, I will say, that while the patients were not starved with the diet they had formerly, they were far from being well fed. The best meal they had was their dinner; that was, perhaps, pretty good at all times, but for breakfast and supper they simply had dry bread and oat meal, or something of that kind. We now give them hashed meat and such things for breakfast, and fish, and dried beef and other relishes for supper, and tea and good butter at both meals. We have also increased the allowance of meat and vegetables.

The CHAIR. Is Dr. Buttolph present?

Dr. KIRKBRIDE. Dr. Buttolph has left the room. Although he has not asked me to say anything for him, still it would be wrong to pass New Jersey without some statement as to what has been done in that State, and Dr. Buttolph is so modest a man, I do not believe he would tell the whole truth even if he were here, so with your permission I will say something for him, and answer to him afterwards for what remarks I may make. I think the State of New Jersey has done herself the highest honor by what she has been carrying out for the last two or three years. You all know that Dr. Buttolph is about to take charge of the new Institution at Morristown, New Jersey, which will accommodate eight hundred patients in a very superior manner, and it is undoubtedly one of the best buildings and best arranged Institutions in the whole country. The most favorable thing connected with it, is that the people of New Jersey seem to be thoroughly proud of what their rulers have done, and do not regret the money expended upon it.

It has been a costly building unquestionably, perhaps more so than could be recommended for the States generally, but there is much to show for the money expended. New Jersey is really a wealthy State, and, as I have said, the people seem to be entirely satisfied with all the expenditures. New Jersey seems thoroughly determined that good accommodations shall be provided for all her insane, and better than everything else she does not appear to have the slightest doubt but that she is able to accomplish it. Dr. Buttolph, you all know, has been distinguished as a superintendent at Trenton, and leaves that Institution in the best condition, though much crowded. He is going to a new field of labor, where I am sure, he will do himself equal credit. I think there is no question but that New Jersey is able to provide for all her insane in a very admirable manner and will do it.

Dr. GREEN. Dr. Walker is so modest that I have no doubt that he would like you to speak for him as to what has been done in Massachusetts.

Dr. KIRKBRIDE. I was going to say that I thought we would leave Massachusetts until we got through with the other States, and let Dr. Walker end the discussion, as he always makes a good finish to what he undertakes to do.

The CHAIR. You talk very well for other States, suppose you speak for yourself.

Dr. KIRKBRIDE. I have no objection to say something for Pennsylvania, but I have not much to say for myself.

The CHAIR. It is the same thing, is it not?

Dr. KIRKBRIDE. Not exactly, but I may say that Pennsylvania during the last year, has been doing very well for the insane, not quite all we would have liked, but she has given a fair amount of appropriation for continuing the work on the new Hospital at Warren, which is well planned and is undoubtedly being admirably constructed, under the intelligent commission to whom the matter has been confided. There has also been an appropriation made for the continuation of the work at the Institution at Danville, so that it will accommodate four hundred patients when it is completed. Warren, I suppose, can accommodate from four to six hundred, probably six hundred will get into it soon after it is finished. In regard to the criminal insane, I do not think there has been any progress made. A bill passed the Legislature to give up a certain building near the City of Erie, which is called the Marine Hospital, but which certainly is not calculated for the purpose, and I understand the bill has not received the approval of the Gover-

nor. The commission that was appointed to take into consideration the subject of the criminal insane, two or three years ago, made a report to the Legislature, in which they recommended an appropriation for the erection of a building for that special purpose near the center of the State. The bill recently passed by the Legislature was not at all in unison with the opinions of that committee, and it is possible that may be the reason why the act of the Legislature was not approved by the Governor. There has also been an act passed for the erection of a new Hospital for the southeastern district of the State, which includes the City of Philadelphia, and six or seven counties. The only objection to that law is, that the City of Philadelphia wants two of the largest hospitals that can, with propriety, be put up for the accommodation of her own insane. Certain classes of the insane may be received from Philadelphia, and most of the insane from the other counties, in the proposed Hospital, but Philadelphia has now twelve hundred insane in the department appropriated to that class in the almshouse, and to have them properly provided for, as I have said already, would require two complete hospitals. That is what we are still hoping for, so that taking it altogether, I think Pennsylvania can report more favorably than she could this time last year.

The CHAIR. We would like to hear from Dr. Schultz.

Dr. SCHULTZ. I think it will not be necessary to say anything in addition to what has been stated about the condition of the insane in our State. I will simply add to that, that in the early part of the present year we completed accommodations at Danville, for two hundred additional male patients, above the number reported last year. The appropriation made last winter will enable us to make a fair beginning towards adding the same amount of room to the other or female wing of the Hospital.

The CHAIR. We would like to hear from Dr. Curwen.

Dr. CURWEN. I do not know that I have much to say after what Dr. Kirkbride has said, as he has covered the ground very fully. I might state some matters of detail in relation to the Hospital at Warren, more definitely than Dr. Kirkbride has done. The work is being pushed forward as rapidly as it can be done consistently, with its proper and thorough execution. Last year no appropriation was made, as members will recollect, was stated at the last meeting, but this year an appropriation was made of \$150,000, which will enable the commissioners to do a large amount of work. They design to put up the two extreme blocks on each side, leaving the center building and one wing on each

side of it unbuilt for the present. The object of that is to provide accommodation for the most excited classes first, and thus obtain the largest amount of accommodation for the patients who will be the first to apply for admission. The whole foundation of the building and all the underground work, sewers, air-shafts, &c., was finished two years since, and last year the laundry building was put up and roofed in. The commissioners would invite the most thorough inspection and criticism of the work thus far done, and the manner in which the whole will be done. They propose to make the building thoroughly and strictly fire-proof, and at a very reasonable rate of cost. The brick of a superior quality is made on the premises, the greater part of the stone is also taken from the farm, and in this way a large amount of material has been obtained at a small cost, comparatively. Nearly all the stone for the superstructure has been prepared, and a large amount of other material needful for the building, and what is wanted is the money to put all this in the proper place. In relation to the effort for a hospital for insane criminals, the bill prepared by the commission appointed by the Legislature to consider the whole subject, and recommended strongly by the Medical Society of the State of Pennsylvania, which has taken a very deep interest in relation to this and all matters connected with the care and provision for the insane, was presented to the Legislature last winter and the winter before. The committee without giving any one a chance to say a word in its favor, quietly reported it with a negative recommendation for reasons best known to themselves. The Institution at Harrisburg is moving on quietly, trying to do its duty as fully as the officers are able to do with the means at their command. A committee was appointed by the Medical Society of the State of Pennsylvania to prepare a memorial and bill for a Hospital for the Insane of the seven counties in the southeastern section of the State, outside of Philadelphia. Another bill including Philadelphia, and the four adjoining counties, was also presented by other parties. This last bill was passed amended, so as to include six counties outside of Philadelphia, while the bill of the Medical Society slumbered in the committee to which it was referred. I may say, in relation to other efforts, that the Medical Society of the State of Pennsylvania has taken the matter of the proper care and treatment of the insane in their special charge, and they intend to push the matter forward until all that is required in Pennsylvania, shall be obtained. At their last meeting, two weeks since, it was resolved that a series of papers be prepared and circulated, setting

forth the condition of the insane in different parts of the State, and the necessity of more decided effort for their relief and care, and that these papers be freely circulated with the intention of arousing a greater interest among the masses of the people on this whole subject.

THE PRESIDENT. We would like to hear from Dr. Baldwin.

DR. BALDWIN. Mr. President, at our last meeting I informed you that although the Legislature of 1874-75 passed no appropriation for additional accommodations for our insane, yet the impression left by the long and animated discussions on the subject evinced that the end desired had been merely postponed. In the numerous applications and petitions for the rejected ones, many of whom were lying in our jails, there was manifested a deep under-current of feeling among our people, which was bound to make itself felt. As is often the case, the constituents were in advance of their representatives. I took occasion in my replies to the sheriffs of the counties to keep their coal well blown, to impress upon them that the asylums were being worked to their utmost capacity, and that the Legislature alone could be looked to for relief. Soon after the assembling of that body a meeting of the Board of Directors was convened in the Senate Chamber in Richmond, and after a full conference we determined to ask an appropriation of \$80,000, (\$40,000 for each Asylum,) and we hope with that soon to accommodate two hundred patients, at the rate of \$400 per bed. In the buildings planned for the Western Asylum, we calculate upon accommodating one hundred and ten, viz., fifty males and sixty females. These buildings are to be of brick, plain and substantial, but fully equipped with all the modern appliances in the way of heat, ventilation, &c. The plans for these additional buildings were sketched by Dr. Hamilton, who is well informed as to the wants of the Institution. These sketches have been recently placed in the hands of a skillful architect, J. Crawford Neilson of Baltimore, and we hope soon to have them submitted to the board for final action. In the mean time we are having brick made upon the grounds, and are daily hoping to hear that we can draw upon our State Treasurer for a sufficient amount to enable us to make a start. There are few institutions in this country that possess more natural advantages than the one at Staunton, in regard to climate, accessibility, &c. Situated at the head of the beautiful and fertile valley of Virginia, nature has been most bountiful in her supplies, which are so conducive to the successful and economical management of a large Institution of this kind. We have an unlimited

amount of pure spring water, which is carried by its own natural flow to a reservoir on the hills above, whence by the same flow, it is carried to every story of the building, giving ample facilities for bathing and for the use of the hose in case of fire. The Asylum is located on a gentle slope, at the base of which flows a stream, into which all the drainage is carried. But notwithstanding its great natural advantages and the high estimation in which it was held, the Legislature were loth to increase its accommodation, as in the opinion of its former superintendent it had been deemed inadvisable. The weight of this opinion had, therefore, to be first removed. But the question for my State to determine, was either to enlarge or do nothing, as the condition of our State finances forbade altogether the idea of building a new Asylum. In submitting my views to the members of the Legislature, I am greatly indebted to Dr. Kempster. His report came in good time, and I availed myself of liberal extracts from it. In conclusion, Mr. President, I may say that the present outlook for our insane has been improved by the prospect of an increase of accommodations, sufficient for two hundred more.

Dr. CAMDEN, West Virginia. I am happy to be able to state that at the present, the white insane, as also the colored insane, are well taken care of in our State. We are building a new engine house and laundry, &c., and making additions to our Hospital, and everything is moving forward in a satisfactory manner.

Dr. GRISSOM, North Carolina. Mr. President, I have not in my possession, as I ought to have had, a copy of the plans and specifications of the new Institution in North Carolina. It is now about being commenced, and we hope to complete it soon. I shall be able to procure the plans from the architect, Mr. Sloan, of this city, well known to many of my brethren here in this Association, for his success in this department of art, and lay them before some future meeting of this session of the Association.

Dr. EXSOK, South Carolina. Mr. President, I fear I have but little to say of South Carolina that will interest the Association. We have not made the rapid strides there that have been made in other parts of the world in the interest of the insane. We have not kept pace with the enlightened progress and philanthropy of the times. For more than fifteen years our State Insane Asylum has been subject to severe financial embarrassments, growing, in the first place, out of the war which absorbed the substance of the State and engrossed all the energies of the people. Every other interest was lost sight of, everything sank in the great struggle

for Southern independence. Secondly, that is to say, since reconstruction, our financial embarrassments have resulted from the reckless extravagance and shameful frauds and peculations on the part of our State administrations. When, in 1870, I succeeded the venerable Dr. Parker, a gentleman in every way eminently qualified for the high trust committed to him, I found the Institution encumbered with a large indebtedness with no available assets to liquidate it. From that time it has gone on from bad to worse. The appropriations made for the support of the Institution, have been sufficient under favorable circumstances for its maintenance, but these appropriations have never been promptly paid. As a usual thing they have been diverted into other channels to gratify the greed of unprincipled and unfeeling politicians, thus compelling the Asylum to subsist entirely on credit for more than two-thirds of every year. Our employes go unpaid from year to year, and the merchants, who have fed and clothed our inmates, have had to wait, in some instances, for years for their money. About forty thousand dollars is still due them for goods furnished prior to November, 1874. But the State has assumed this debt, and will doubtless pay it in time. Often during these years of embarrassment have our inmates been upon the verge of starvation; often has it seemed that we would be compelled to close the doors of the Institution until more propitious times. Even now we are without a dollar in our treasury, and without the least prospect of receiving another dollar before next winter. Our merchants at home are unable to extend us the credit we need, in a word, we are without money and without credit at home. But in this deplorable state of affairs, I am proud to say that the "Centennial City" has come to our rescue. I have just made arrangements with a prominent house in Philadelphia by which we obtain all the supplies we need to be paid for next winter. This is of incalculable benefit to us, as it enables us to keep our Asylum open and dispense its benefits to that afflicted class, for whose care and protection it was designed. But, Mr. President, in the midst of all our drawbacks, our financial and other difficulties, which need not be mentioned here, it will be gratifying to this Association to know that we have made some progress. Last year we completed and occupied a comfortable and substantial brick addition to our buildings, capable of accommodating about eighty additional beds. We have also, since I last had the pleasure of meeting the Association, made many minor improvements, such as the introduction of apparatus for heating the building

with hot air, the opening of dining rooms, pantries, baths, water-closets, &c., on the various wards, and a system of subterranean sewerage. Moreover I am glad to be able to say that our people are beginning to view insanity in a different light from that in which they saw it a few years ago, and consequently to take a more philosophical and humane interest in the welfare of this afflicted class of our fellow creatures. The officers of our State government, too, are improving. The reign of fraud, corruption and extravagance is rapidly declining, and a more wholesome state of things is generally growing up out of the ruins that have been wrought in the past few years. We have at last gotten an honest and able Governor who takes an earnest interest in all that concerns the welfare of our State, and as we are almost certain to re-elect him for another term, I begin to feel hopeful. I think I can safely say there is a better day near at hand for both the sane and the insane of South Carolina.

Dr. BUTTOLPH, New Jersey. Mr. President, I have but a very few remarks to make as to matters in New Jersey. A most earnest effort has been making there during the last few years to provide for the insane ample accommodation. To provide and care for all the insane we have put up a large institution which is now nearly finished, capable of accommodating all who may wish to be accommodated. Within the next month or two the new Institution will be opened at Morristown. I have nothing special to mention which will be of interest at present.

Dr. KIRKBRIDE. Gentlemen, you see that what I said is correct. The Doctor is too modest and will not tell us all he ought to. I would state to the Doctor that I have been speaking for him.

Dr. BUTTOLPH. I was not aware that any one had been speaking for me, but I am glad to know of the fact.

Dr. GREEN, Georgia. Mr. President, I am pleased to say we have made steady improvement and a satisfactory advance in the condition and general management of our Institution. We have not suffered special trouble from the want of means. Our great trouble has for the past three years, been want of room. We have over six hundred patients in the Institution, and never less, I think, than fifty to seventy applications on record awaiting occurrence of vacancies. No addition has been made to the Institution since 1873, we then finished such additions to the buildings as would provide for two hundred more patients, (white and colored) and having at that time some two hundred applications on hand, very soon these additions were filled. Ever since that the Institu-

tion has been decidedly crowded and gradually becoming more so until we have reached a point at which we are compelled by considerations of humanity, having any proper regard for the health of the patients, and exemption from liability to injury at the hands of each other, to stop and decline to receive any patient, except after notice to the official or other party who has previously made application for their admission, that the individual can now be received. We have also endeavored to confine the receptions to recent cases, and those whose condition imperatively demands restraint, so far as freedom of locomotion is concerned. During the past summer the existing state of things became the subject of very general discussion in the press, with no small amount of animadversions upon the Legislature for not having made provision for all the insane of the State, very many of whom were languishing in the county prisons; and various suggestions were made for remedy of the evil, some of them decidedly impracticable, coming as they did from gentlemen of the press not at all familiar with the subject; others were feasible and might properly have been adopted. Upon the assembling of the Legislature the different suggestions made, with an expression of my own opinion in relation to each, were considered. Though greatly averse to any enlargement of our present Institution, finding they would certainly do nothing else, I proposed the erection of two buildings in the rear of our premises, (within the wall) each to provide for fifty patients. A bill was introduced providing the necessary means for its accomplishment but defeated in the House of Representatives, and they left us with a greatly over-crowded Institution, with numerous applications on hand and very many of those unfortunates incarcerated in the county prisons throughout the State. They, however, did render us a most important service in making an adequate appropriation to enable us to establish such arrangements as will secure an always abundant and reliable supply of pure water, a very important desideration as all of us know who are in charge of such institutions. I will take pleasure in answering any questions, which any may desire to ask in connection with the subject of the condition of our Institution.

Dr. COMPTON, Mississippi. Mr. President and Gentlemen, while I am unable to report anything very new in connection with the insane of Mississippi, I am glad to be able to say that Mississippi has made haste slowly. We are now building another wing to our Institution which will make the third since the war. We are not in debt, we have an ample appropriation for the support of all

the inmates. Our State warrants are selling now at about ninety seven cents to the dollar, and we get them whenever we need them. On the score of substantial comfort our patients have been well provided for. The members of our Legislature have generally labored under what may be called a delusion that the lunatic asylum is tolerably well managed. But however this may be it has been well cared for. Since the war Mississippi perhaps has done more for her insane than any other State in the South. We claim more than is claimed for South Carolina. I think that Dr. Ensor took charge of that Institution about the same time I took charge in Mississippi. The wings were then out of order, the Institution was indeed in a bad condition, but since then we have more than doubled the size, we have made all the repairs necessary, and we do not owe any man a single solitary dollar. A year or two ago I succeeded in inducing the Legislature to give to the superintendent and Board of Trustees a larger discretion in the matter or manner of admitting patients than had heretofore been done. The old rule was to admit them in the order of application. Under the operation of that rule the old chronic patients, whose friends had died and who had been left in the care of a county perhaps, took precedence, merely by priority of date of application, standing thus in the way of the acute cases. The new rule provides that the superintendent and Board of Trustees can discriminate between the applicants; that is we can receive an acute, curable and violent patient in preference to a chronic, incurable and quite harmless patient. While we are not obliged to remove any by the operation of this law, yet by it we can take cases which ought to be admitted, those that are most needy. At the present time we have about seventy-five applicants on our lists; as soon however as the present wing is finished we shall take them all in. I hope, sir, at our next meeting to be able to report still further as to the action of the State of Mississippi in providing for the insane.

Dr. WALLACE, Texas. Mr. President, we are, the circumstances considered, doing pretty well. The facts justify the statement that no urgent case has been denied admission into the Texas State Lunatic Asylum within the thirty months during which I have had the honor to direct its operations. This may be a matter of surprise, when it is recollected that with an estimated population of a million and a half, we have accommodations for only about two hundred patients, very few of any sort and none supposed curable, none unmanageable outside have been denied admission. The mass of our people, not including those who have their

headquarters in the saddle, and who by their deviltry bring so much disrepute upon our State, simple in their habits, and regular in their lives, with little to exact or depress, enjoys an immunity from this sad malady, not common in older and more densely populated communities. A circular letter was addressed to the presiding justices of the several counties, the past winter, with a view of ascertaining, as nearly as practicable the insane population. Eighty of the most populous counties, out of one hundred and forty, the whole number, responded. From data thus obtained there are believed to be about six hundred. Permitting none to remain, who it is believed, can do as well outside, and using due diligence to get recent cases under treatment with all possible dispatch, the demands upon us have been, as above stated, met in almost every case. Not to mention some thousands expended in repairs, in purchase of billiard tables, pianos and other means of amusement, we have, during the past fiscal year, lighted up our whole premises with gas, hitherto done by kerosene lamps, at a cost of \$2,500, have built a good and substantial laundry, with all the modern appliances, at a cost of \$5,500, in place of an old shed supplied with a few old posts, the washing being done out of doors and clothing hung in the sun to dry, a thing not so impracticable in Texas, where the climate is mild and it seldom rains, as might seem to some of you who live under more vigorous suns. We have under way, and approaching completion, a small wing of capacity to accommodate twenty patients, over which is a chapel or assembly room for purposes of devotion or amusement. What with a mile and a half or two miles of twelve feet picketing fence, of deal season boards, four cisterns of aggregated capacity of three thousand barrels, we have expended from our savings, without State help, twenty-five thousand dollars in permanent improvements. I would not have you suppose me so simple as to think these trifles can be of the slightest interest to you who live in communities in which we hear of single institutions costing one, two or three millions, I am sorry myself we *have* heard of such, as I believe it augurs no good for humanity. Already it is being asked in high places, and I think with reason, "why palaces for paupers?" Should any be disposed to smile at this brief resumé of our humble operations, I would rebuke such mirth.

"Let not ambition mock our useful toil
Our lowly joys and destiny obscure.
Nor grandeur hear with a disdainful smile
The short and simple annals of the poor,"

Such interest and such only is invoked or expected as you feel in watching your little boy of some ten or twelve moons, trying, with step all unsteady and movement labored, to perform the daring exploit of making a trip of a few feet from mother's knee to your extended hands, such as thrills the parental bosom on hearing the early headed little innocent of five summers discourse of the matchless qualities and wonderful performances of her crying dolly, detecting moral and intellectual powers in embryo that are to adorn the future woman and shed light and happiness about your fireside in years to come. Another matter, if inopportune, you will have the goodness to condone it. I have been feeling my way along cautiously, by well considered experiments in the hope of reaching some more satisfactory conclusion in regard to the temporary enlargement from Asylum restraint of a class, or rather sub-class of patients, not a few of whom, if my limited observation is to go for anything, are to be found in all hospitals for the insane, and of permitting them to return to their homes to mingle with familiar scenes and to converse with sane people. The subject was discussed at Auburn. Dr. Kirkbride was understood to oppose it in all cases. Regarding him as a Nestor in the profession, I returned to Texas last year, determined to go slow, but to continue my investigations. I may here remark, that, though recollecting Dr. Kirkbride's objections, my mind had already become pretty well saturated with Maudsley's idea of asylum made lunatics, as an instance of which that distinguished authority refers to the case of Compté, of whom he says, "had he not been taken from under the care of Esquirol and turned over to his wife, the world would never have had the benefit of the system of Positive Philosophy." Be this as it may, of one fact I am pretty well assured, there is more than one individual who now treads the soil of Texas, restored to friends and freedom, who, but for timely release from restraint would now be immured within the walls of an Asylum. I beg a little time not to indulge in any speculative abstractions, but to give, in *paucis verbis*, the most interesting and suggestive of these cases.

CASE I. Mrs. D., widow, æt. 38, mother of several children, admitted November 3, 1874, dementia, supposed cause, religious excitement. Remained in Hospital six months without uttering, that I was aware of, one intelligent word, or performing a rational act, except of course, such as may have been primarily or secondarily automatic. Harmless, her friends were advised to take her home for a time, though it was confidently expected she would be

returned. She was not heard from until the time within which she was to have been returned, had expired. Under date of July 3d, her father wrote. "Mrs. D., is doing well. Began to improve from day she left the Asylum. Reaching home she recognized her mother and children, soon she began to manifest an interest in what was taking place around her, and has now entirely relieved her mother of household care, attending to the housework, cooking and washing, in fact, doing most of it voluntarily with her own hands." Heard nothing since, presume she still retains her mental health.

CASE II. Mr. C., *et. 32*, married January 8th, melancholia, cause supposed, syphilitic. Remained without improvement, except slight from faradization persisted in, until August 5th, when he was discharged, uncured. He was accompanied to his home by my son going to New York to school, who informed me he began to improve at once on leaving the Hospital. Two months out, Rev. Mr. Brown, rector of the parish in which he lives writes, Mr. C., seems quite well since his return, and his friends think him restored.

CASE III. Mr. J., *et. 35*, married, admitted October 9th, acute mania, cause, religious excitement. Without improvement on March 1, effecting his escape, went across the country home, a distance of three hundred miles. Every effort to reclaim him failing, becoming uneasy I wrote to the Presiding Justice of his county, and in answer received the following: Mr. J., returned to his home day before yesterday. Upon receipt of your letter to-day, went at once to see him, found him plowing. He laughs heartily at having given you the slip. Presume has since done well, have heard nothing from him.

CASE IV. Mr. R., *et. 45*, widower, admitted November 20th, monomania, not violent, remained in Hospital three months, marked improvement when he was permitted to return home, though still laboring under harmless delusions. No especial significance is attached to this case, as the patient was progressing finely towards a cure. It is believed his recovery was hastened—he soon became entirely well—by his enlargement.

CASE V. Mr. S., *et. 26*, married, admitted April 11th, dementia. Patient started from Eastern Tennessee well, and arrived at Dallas, Texas, insane. An ignorant farmer boy, he had probably never been out of the neighborhood in which he was born until he started to Texas. Diagnosed, that sort of dementia induced by sudden shock, ecstasy or bewilderment from inability to adjust the mental equilibrium to the rapidly changing scenes and occurrences of

travel. I confidently predicted an early cure. He was, however, removed home after eight months residence, without the slightest amelioration of the symptoms. Not well advised of subsequent history, only know, has not been returned, reason assigned, was doing well at home.

CASE VI. Mrs. J., æt. 38, married, children, admitted March 5th, religious melancholia. Discharged July 31st, benefited but little, if at all, returning home on a month's furlough recovered.

CASE VII. Mrs. W., æt. 45, widow, several children, admitted November 15th, melancholia, induced by her husband, a most excellent gentleman to whom she was devotedly attached, committing suicide under most heart-rending circumstances. Intellect clear, but most intensely suicidal, neglecting no opportunity to strangle herself with sheets or other things she could get hold of. Begged unremittingly to be permitted to return home to her children, many of whom were small. After remaining under restraint six months and a half, without improvement, her guardian unable to resist longer her implorings to be permitted to see her children, was permitted to take her home on furlough of one month, upon promise to have her closely watched until returned. Has been at home now over a year, have heard from her repeatedly, saw her guardian but a few days ago, who informs me she is cheerful and happy, and attends to household duties and education of her children. Is regarded as entirely well. Leave comment to others. The facts may be relied upon as given. To others, these cases, thus imperfectly sketched, may have but little interest; to me, the result being awaited with intense solicitude, they disclose profound meaning. I can not choose but attach to them a significance that stirs my heart to its lowest depths when I reflect upon the thousands of human hulks that people the asylums reared, throughout the civilized world by philanthropy, for the reclamation of this class of unfortunates, and *believe*, as I do most honestly believe, that hundreds, nay thousands of them are *there* because not permitted at the proper time to return to familiar scenes and to converse with sane people. Hoping to hear more of the subject during the present session, from those better qualified to grapple with its difficulties, it only remains for me to beg pardon for consuming so much of your valuable time.

Dr. CALLENDER, Tennessee. As a report in regard to the general work for the insane in my State, I have nothing of interest to offer, certainly nothing encouraging in regard to what we consider to be the necessities of increased accommodation for the insane.

It will be remembered that three years ago I had the pleasure of reporting to the Association that we had projected two additional Hospitals, and had entered on the incipient work. Last year I was compelled to state they had been discontinued, and I now have no different or more encouraging report. It is a gratification, however, to say there exists a very healthy public sentiment in regard to that subject, as well among the people, as with their representatives in the State Legislature. The obstacle is the straitened condition of State finances, Tennessee being heavily burdened with a public debt, the interest on which, together with the present current expenses of the Government, consumes the taxes. However, one of our members, Dr. Jones, a former superintendent of the Institution with which I am connected, has been appointed by the Medical Society of the State to draft a memorial to the next General Assembly, on the subject. I do not myself look forward to any practical results from this move, but think it will properly serve to keep the attention of the Legislature constantly directed to the important work, so that when our ability to act shall revive, the disposition may not be wanting.

With regard to the Institution I have the honor to represent, we are keeping abreast with the progress of the times in regard to modes of treatment, as well as we are able. The Hospital is always full, and to speak properly, crowded. This condition precludes any fair and thorough experimentation as to the use or non-use of mechanical restraint, a question which is eliciting so much attention. We practice the use of the camisole, muff, crib and lodge seclusion for violent patients, and under the circumstances, achieve as good results as are to be expected.

Dr. CHENAULT, Kentucky. Having so recently become a member of the Association, and for so short a time engaged in the management of the Institution, I hope to be excused from making any extended remarks, but would merely say, that in Kentucky, the insane are generally well cared for, and well clothed and fed, and that improvements are steadily being made in the right direction, and that when the capacity of the Western and Central Asylums are made as great as that at Lexington, we will have ample room for our insane population.

Dr. FORBES, Kentucky. Mr. Chairman, I think the little I should say, would be of no general interest to this Association, unless I indulged in details that would occupy more of its time than it would be proper to consume in such manner, to the delay of more important business and more interesting matter; and then

it would be, in a measure, a recitation of much that has been gone over so often in your meetings heretofore.

One item of general interest I may briefly refer to. It is known to many of you that three years ago, at the time of the establishment of the Institution which I have the honor to represent, our Legislature made what was styled by some a "new departure" in the regulation and government of our State Asylums. This new departure, as my venerable friend, Dr. Chipley, very well understands, was only a relapse to former usages, that prevailed before his day, and even before the time of his predecessor, Dr. Allen. The government of the only Institution then in Kentucky was divided between the so-called Superintendent and the actual Steward, or, as he was then sometimes called, Keeper. It turned out with us, as then, that the government fell pretty largely into the hands of the Steward, so much so really as even to divide pretty equally the supervisory authority. To use a somewhat slang expression, we "rocked along" under this state of affairs till last winter, when our Legislature passed an act which restored to our superintendents their former and proper authority, to a very considerable extent. The result will be readily appreciated by every member here. The matter involved is one that has been settled by a resolution of this Association more than a score of years ago. Every one, who knows anything at all about the management of any Institution, understands very well, that divided supervision is fatal to effectual operation. This is about the only matter of general interest I have to present. As to our affairs at home, of special concern to us, they will not interest you particularly. I will only state now that Kentucky has effected provision about adequate for all her insane. Our Institutions became at times somewhat crowded; but the crowded condition is in turn relieved by discharge, return to friends, mortality, and so on, so that the measure of demand and accommodation remains at about the same figure. There are very few instances, I think not a dozen applicants in the whole State waiting for admittance. Besides, our insane are well provided for. The Institutions at Lexington and Hopkinsville are both in excellent condition. We have increased our own capacity, since I had the honor and pleasure of sitting with you before, from about two hundred to nearly four hundred, almost double. This includes a department exclusively for colored insane. We have a capacity now for one hundred and sixty white males, one hundred and fifty white females, and for about eighty colored population. Our additional building consist of two wings

of brick, a wooden pavilion, detached, and at a distance of over two hundred feet; and our colored department also of wood. The brick structures are of excellent design and architecture. The frame buildings are supplements built upon the suggestion, I believe, of Dr. Jarvis, and a well-attested experience, that cheap structures may answer as well for a class of patients whose care and custody do not require the more substantial and expensive architecture. We have found them to very satisfactorily answer our purpose. One difficulty we encounter occasionally, or might more properly say continually: we have no strong rooms or lodges as they are called sometimes, and this brings me to allude to the subject of restraint. We have no choice about that. While the humane method of treatment has wrought wonders, and while the names of its philanthropic originators and later advocates deserve to be embalmed and kept in sacred remembrance throughout all time and everywhere, still I apprehend the truly maniacal patient has rarely been controlled by moral suasion. As well talk to a mad bear, as to reason with a maniac. Only restraints of some sort will very often do for the time, and having no suitable rooms for lock-ups, we have no choice but in the use of some of the various mechanical appliances, or of manutention. But the construction of such rooms was not neglected or overlooked in our architectural plans. We were so situated as to be compelled to begin our work at the wrong end, and so leave these structures for the last, or extreme wings, which still lie in the probably far off future, wrapped in a fog of legislative uncertainty which no human eye can penetrate. I was forcibly impressed with the wisdom and judiciousness of the procedure in the erection of the Warren Asylum, as detailed by Dr. Curwen. When the whole plan can not be carried up at once, it is of prime importance that the most essential portions have precedence in erection. This is a subject which has occupied my attention considerably for some time, and it is one upon which I am convinced the most serious mistakes have sometimes been made.

But a word more, gentlemen, and I will not occupy your time longer. Your last meeting I had not the pleasure of attending; nor was either of our Institutions represented on that occasion. I was detained on account of sickness in my household, but not in my immediate family. A young lady whom we all esteem very dearly lay critically ill with inflammatory rheumatism. I had my wagon drawn up, and was in the act of entering it, but was seized with an indescribable apprehension that the sword of Damocles

that threatened her heart, might descend at any moment in my absence and cause me a most painful reflection upon myself, and turned back. Dr. Rodman was also detained by sickness in his family, and Dr. Bryant then lay upon his death-bed. Dr. Bryant has passed away. A committee has been appointed to prepare and present appropriate expressions upon the melancholy event. I might remain silent, but I trust you will indulge me while I add my own humble but heartfelt personal testimonial in this connection. I can not claim that I know Dr. Bryant very intimately, but I know him well enough to be profoundly impressed with many points of rare excellence in his character. He possessed an intellect at once vigorous, sprightly and comprehensive, with a very decidedly inventive cast. His learning was extensive and varied; his studies careful and accurate. The microscope invited him to his favorite field, while he never wearied in his efforts in the invention or improvement of instruments and appliances in the advancement of his profession. His life, as far as I could ever hear, was without a blemish. His nature was ingenuous, his manners amiable and attractive, his feelings genial and social. He was deeply imbued with religious sentiment and met his end with unfaltering firmness, leaving on earth I solemnly believe, not an enemy.

The PRESIDENT. I am glad to see at our present meeting one of our members whose presence we have all missed in years past, and whose voice was always heard in our Association. We shall be glad to hear from our old friend, Dr. Chipley, formerly of Lexington Kentucky, now of College Hill, Ohio.

Dr. CHIPLEY. Mr. President, I have very little to say, after thanking the President for his kind personal allusion; being in charge of a small Institution, what I have to say on the subject can very soon be dispatched. Dr. Bunker is here from Ohio and will probably represent the public Institutions of that State. The Institution of which I have charge is very small; we have at present fifty patients. The Institution is what is called private, that is to say, it is acting under a charter and is an incorporated Institution. The inmates are all from that class of the people who are able to provide for their own maintenance. There are no State or charity patients in the Institution. We have room in the Institution for nearly a hundred patients; the building is admirably located and has most beautiful grounds, which are handsomely cultivated, and a more lovely situation for such an Institution I never saw. The main building was erected for a female school at

a cost of about ninety-three thousand dollars; besides that we have five cottages occupied by patients. Before I took charge of the Institution these cottages were appropriated to a class of patients not generally received in Institutions of the kind. I refer to inebriates, and as I have reflected a good deal upon the subject, I take very little stock in that sort of thing and doubt very much as to the feasibility of reforming such by medication, at least as to my own capacity of curing drunkenness. We have none of that class there now, we admit patients that have voluntarily abandoned the use of intoxicating liquors and who come for the purpose of getting rid of what follows from the use of alcohol. They come for the purpose of being treated for the nervous consequences of their former conduct; otherwise we do not trouble ourselves with such cases and only treat such as are admitted in the ordinary Institutions for the insane. Of the fifty patients we have now I would say they are from a wide spread country, eleven different States are represented, the larger proportion of them, however, is from Kentucky. The next State that is largely represented is the State of Ohio. The general cost of maintenance *per capita* is within a fraction of ten dollars per week. I mention as a matter of course that it is necessary to make pretty large charges for the maintenance of patients; the absolute cost on an average is nearly ten dollars per week, within a few cents of that. The State of Ohio I am not very familiar with, practically I have made no recent personal examination of the public Institutions of the State of Ohio, but from what I have heard of them I presume within a few weeks she will have ample accommodations for all applicants. There is a new building being erected at Columbus of enormous proportions, measuring more than a mile and a quarter around the outer wall of the building alone, with about sixty-nine acres of floors in the building. It has been accurately measured. It is a large Institution. Dr. Bunker, perhaps, or some other person connected with it, or with the Institutions of Ohio, will be able to give more particular information as to the progress that has been made in that State.

On motion it was resolved that the statements of progress in the care and treatment of the insane be postponed for the present.

The Secretary then read the list of names of the members present.

The minutes of the meeting were then read and approved.

On motion the Association adjourned to 10 A. M., Wednesday.

WEDNESDAY, June 14, 1876.

The Association was called to order at 10 A. M. by the Vice President, Dr. Walker.

Dr. Walker stated that he had received a telegram from Washington, that Dr. Nichols had started for Philadelphia, and would probably be present this morning.

Hon. J. W. Langmuir, Inspector of Hospitals and Prisons of the Province of Ontario, Rev. F. H. Wines, Secretary of the Board of Public Charities, of Illinois, and Dr. J. S. Sumner, of New York, were invited to take seats with the Association.

On motion of Dr. Richardson, the Board of Public Charities, of Pennsylvania, were invited to attend the sessions of the Association.

On motion of Dr. Steeves, the Governor of the Province of New Brunswick was invited to attend the sessions of the Association.

Drs. Jameson, Richardson and Chittenden, Commissioners of the State Hospital for the Insane, at Indianapolis, Indiana, were invited to take seats with the Association.

The PRESIDENT. I inadvertently passed Dr. C. F. MacDonald, yesterday, in calling for the reports of the different Hospitals. If the Doctor will please excuse me, and accept my apology for the omission, we will hear him now.

Dr. C. F. MACDONALD, Auburn, N. Y. Mr. President, no apology is necessary, sir. It was simply an accidental omission, such as any one might make. But through it, and by a mistake of the reporters, the newspapers of this morning have credited me with

the able remarks of my friend, Dr. A. E. Macdonald, and that, of course, I dislike. The reports made yesterday by Dr. Gray and others, relative to the provisions made for the insane by the State of New York, during the year last past, covered the ground so fully that nothing is left to be added by me, except so far as relates to the Institution of which I have charge.

The President, Dr. Charles H. Nichols, coming in at this time was cordially greeted by the members.

Dr. WALKER. I take pleasure in presenting to the Association, our President, Charles H. Nichols, M. D. [Applause.]

The PRESIDENT, Dr. NICHOLS. Gentlemen, I am most grateful to you for the kindness with which you have welcomed me to the Association. The business of the Association will now proceed. I understand that Dr. C. F. MacDonald had the floor, he will please proceed.

Dr. C. F. MACDONALD. When I left home on Monday we had one hundred and nine patients, ninety-five males, and fourteen females. Of this number about thirty belong to the so-called criminal class, that is, persons whose acts, or attempted acts of violence were committed under the influence of mental disease. These cases have either been acquitted, (or not tried,) on the ground of insanity; and have been sent to us by order of the Court, or have been transferred from other Asylums in the State. Hence we have two classes of patients, the criminal insane and the convict insane. Some progress has been made in the Institution during the last year in the matter of building. The new wing which was commenced by my predecessor in 1872, is not yet finished, but one ward is occupied, and we hope to have another ward ready for occupancy before a great while. When the new wing is completed we shall be able to accommodate, comfortably, one hundred and fifty patients. Our Legislature, at its last session, appropriated three thousand dollars for completing the new wing, and also appropriated liberally for repairs, such as roofing, painting, &c., on the old structure which is sadly out of repair. The work is being pushed forward as rapidly as possible. We have recently made some important additions to our dietary, such as tea, coffee, butter and an extra diet-list for the sick and feeble. The beneficial results are already apparent in the markedly improved physical condition and general quietude of our patients. That is about all I have to report.

Dr. J. WELCH JONES, Louisiana. I exceedingly regret that I can not say for our State and the Institution I represent what others have said, but this can not be done owing to the political muddle in our State, and from the fact that little interest is taken in the treatment of the insane. Our buildings are too small, and our appropriations too small to clothe and feed those that are on hand; they are badly provided for.

Dr. BUNKER, Ohio. Mr. Chairman, and Gentlemen, I have but little of interest to report in relation to the Asylum with which I am connected. It is known to you that ours is a County Institution, open only for the reception of patients from Cincinnati, and from Hamilton Co. At the beginning of the present month we had in our care six hundred and twenty patients, an increase of six per cent. over that of the previous year; and about two hundred and fifty beyond the true capacity of the house. There have been plans submitted, one of which was partially adopted, for the erection of a detached building for the chronic insane. We have no authority to select cases; our Asylum is open to idiots and epileptics, as well as the insane. As we have no outlet but death or recovery, our Asylum, as a consequence, has a very large percentage of chronic and incurable cases. The initiatory steps for providing for this class have not yet been taken, beyond the adoption of a plan. I trust, however, the work will soon be commenced and carried forward to completion. I regret that Drs. Strong and Gundry are neither of them here to speak for the State. Dr. Landfear of the Dayton Asylum is present. I am not well posted as to what has been done in relation to the State Asylums. There were some modifications of the law, in relation to the State Asylums, made at the last session of the Legislature, the most important of which was changing the number constituting the Board of Directors from three to five; other changes were of no great import. The Asylum at Columbus, spoken of by Dr. Chipley, yesterday, is an immense structure. We have the promise that it will be completed next November, but from the manner in which it has been dragging its slow length along for several years, it will probably not be opened for at least a year. I think of nothing else at present.

Dr. LANDFEAR, Ohio. Mr. Chairman and Gentlemen, being comparatively a new comer I feel hardly competent to report on the Dayton Asylum although I have been connected with it about three years. As is the case with other Institutions of the State we are badly crowded, having from fifty to seventy-five more patients

than we can easily accommodate. Everything in our Institution seems to be moving along smoothly. When I left we had five hundred and ninety-one patients in the house. As regards the other Institutions in the State I had hoped that Dr. Gundry, who is probably better acquainted with the Asylums, their wants and the care of the insane would be present. He is, I understand, in the house at this time. Dr. Bunker has spoken to you of the Institution at Columbus. Since your last meeting the Asylum at Cleveland has increased its capacity, and has been opened for the reception of patients. It has now a capacity for six hundred and fifty, is elegantly furnished and is a credit to the State. In that respect we can report progress. I hope you will have the opportunity of hearing from Dr. Gundry, who can give more light on the subject than I can.

Dr. EVERTS, Indiana. I have simply to report an entirely satisfactory condition of our own Hospital and to report progress in respect to completing the building of a new one.

Dr. CARRIEL, Illinois. I do not think that I have anything very special to report. No particular change has been made or increase in the buildings in the State of Illinois, and particularly in the central part of the State in the Institution which I represent, since our last meeting. We have been going on there with some improvements in the building that we have, and of course are always crowded and over-run with patients or should be if we should take all that applied. The State of Illinois has only about half accommodation for her insane; there being about three thousand deranged persons in the State and only three Institutions beside the Cook County Asylum, which I suppose will not accommodate more than half the insane; but there is a kindly feeling in the State towards making provision for this afflicted class both for their accommodation and support. The State of Illinois, within the last five years, has built two insane Hospitals, and a State House, which has taken all its surplus change. I think the last appropriation, or nearly the last, has been made for these buildings, and I hope soon in the future they will begin another Institution for the insane.

Dr. KILBOURNE, Illinois. Mr. President, I do not know that I can add anything material to what has been stated by Dr. Carriel concerning the condition of our charities in Illinois; certainly nothing of special interest to the Association at this time. The Institution over which I preside was completed in August 1874, in accordance with the original plan; but the new wings, owing to

lack of an appropriation were not occupied until the following spring. They are now fully occupied and the limit of our accommodation has been reached. With respect to legislation affecting all the charitable institutions of our State, I am pleased to state that it has in no degree abridged any of the power and privileges hitherto enjoyed by us and deemed essential to our well-being; but in many respects it has rather strengthened our hands and placed us in a better position than before, our State Board of Public Charities, working in perfect harmony with us, and thus far never in antagonism with our interests.

Dr. MERCER, Illinois. I would say as regards the Southern Hospital for the Insane, that during the past year the center building has been completed and occupied, and the number of patients raised from one hundred and twenty-five to two hundred and twenty-eight. The south wing is in process of construction and will be ready for occupation early in the spring of 1877, raising our total capacity to about four hundred and forty patients. There is nothing else I know of that would be of interest to the convention.

Dr. KEMPSTER, Wisconsin. Mr. President, since the last meeting of this Association Dr. A. S. McDill, Superintendent of the Wisconsin State Hospital for the Insane, at Madison has been removed by death. I had hoped that Dr. Boughton, who succeeds Dr. McDill as Superintendent, and who was with Dr. McDill through his sickness and death, would have been present to announce to this Association the loss it has sustained. Dr. Boughton is in the city and will doubtless be present to state what changes have occurred in the Institution he represents. The Hospital at Oshkosh has been completed to its full capacity giving us room for five hundred and fifty patients. The Institution has been well equipped and will, I think, compare favorably in all the essentials with any Institution in the country. The Hospitals at Madison and Oshkosh furnish accommodation for eight hundred and fifty patients, leaving about four hundred insane persons in the State yet unprovided for. I think that within the next two years we shall be able to report that Wisconsin has made ample provision for all the insane in the State, as there is at present a determination on the part of the people of the State to make suitable accommodation for all of this unfortunate class.

The PRESIDENT. Will Dr. Ranney favor us with some remarks.

Dr. RANNEY. Mr. President, I represent in part one of the Western States, with a rapidly increasing population, and a large

number of insane persons within her border; but I am sorry to say the accommodations for the insane have not increased with the ratio of the increase of their numbers, which I suppose has not fallen short of the general ratio to the population. Since 1865, when the Hospital at Mt. Pleasant had become insufficient for the needs of the State, the population has nearly doubled, while room for only two hundred and fifty insane persons has been provided. Whatever has been done since the last meeting of the Association to provide further Hospital accommodations, in Iowa, has been done at Independence, of which my colleague, Dr. Reynolds, can speak more definitely than I can. No change in the Iowa laws relating to the insane, or Hospitals for the insane, has been made since the biennial session of the Legislature in 1864. At that session the original "Act to Protect the Insane," sometimes known as the "Packard Law," was so modified as to restore to superintendents the right to examine the letters patients write and receive, thus securing to superintendents, by legal enactment, what they before had only assumed to have the right to do. Patients may still write to and receive letters from the State Visiting Committee as before. About the same time the Attorney General decided that the committee had no such power as they had assumed, to discharge patients at their will; but that patients can only be discharged in accordance with pre-existing laws, substantially Dr. Ray's project for a law as adopted by the Association. And so, as the law is shorn of its most harmful and objectionable features, and the committee deprived of assumed arbitrary power that was most mischievous in its tendencies; they do not differ very essentially from the Visiting Committees of the Board of Trustees, except that there is not, and probably in the nature of things can not be, the same harmony and unison, and mutual confidence and coöperation between its superintendent and the former, as between him and the latter, and consequently their usefulness is about *nil*. The committee are still authorized to visit the wards unattended by any officer of the Hospital; but only one insists upon going about unattended, and that committee has visited the wards about all hours of the day and night, and often taken meals with the patients.

In consequence of the rapidly increasing population of the State, and the tardiness with which additional accommodations have been provided, the Hospital under my care has become overcrowded. In wards spacious enough, but not too much so, for three hundred patients, we have had for a few months past about

six hundred. While strongly opposed to such crowding as not being for the best interest of many, and putting in jeopardy others; I feel we have prevented some suffering and misery, by not sending our surplus of patients to the poor-houses and jails, for a large proportion of whom there could be no other shelter outside of the Hospital.

On the 18th of April last, the Hospital suffered from a disastrous fire, by which the rear center building, containing the engine, boiler, pump, washing, ironing, and fan-rooms, the engineers and painters shops, sleeping rooms for firemen, and valuable machinery, stoves and fittings, was destroyed. As the wind was brisk and drove the flames and cinders directly towards the main building, but a few feet distant, the whole structure was for a short time in great peril. In a few minutes after the breaking out of the fire two strong streams of water were turned upon it, by which it was checked at this point, and in the direction of the greatest danger. Had the fire originated at a point more remote from the pumps, probably much more might have been saved, but the progress of the fire soon rendered them useless, though not till after the main building, through their efficacy, had been placed beyond much danger. To rebuild upon a better plan and in a better manner, however, will cost, it is estimated, about \$35,000.

The PRESIDENT. Can you tell us whether there was anything in the mode in which the fire took place that will be instructive to the Association?

Dr. RANNEY. The building had been built up at different times to give additional room and needed facilities in some departments, with no particular view to render it in any sense fire-proof. It was really little better than a tinder box, having a shingle roof, and at the time was as dry as dry can be. It has always, since my connection with the Hospital, been a source of much watchful anxiety. The fire took on the roof, perhaps from a spark from the ironing-room chimney, though twenty-five or thirty feet distant from that chimney, and not quite in the direction the wind was blowing. The cornices of the building were of wood and the fire crept along them from point to point with considerable rapidity in spite of much exertion to prevent it. Had they been constructed of less combustible material the fire might have been confined to much narrower limits.

The PRESIDENT. What are your facilities for extinguishing fires?

Dr. RANNEY. We have two powerful pumps to which the hose can be attached and it was by means of these pumps we saved the main building.

Dr. REYNOLDS, Iowa. Mr. President, since our last meeting, the capacity of the Hospital for the Insane at Independence, Iowa, has been increased from two hundred to two hundred and seventy. We expect to keep it at that number. We discharge the fittest patients so that the number shall not exceed two hundred and seventy, the capacity of the Hospital, sending them to their friends and the almshouses, in counties where they are supplied with almshouses. Within the last year we have been investigating the subject of epilepsy by means of the ophthalmoscope. I had prepared a paper on that subject, which I will read at the next meeting.

The PRESIDENT. You may as well read it at some of the sessions this year.

Dr. REYNOLDS. No, sir, I will read it at the meeting next year.

Dr. RANNEY. I, for one, would like to hear Dr. Reynold's paper, and what result he has arrived at.

Dr. REYNOLDS. I would do so, but I supposed this meeting was more for the purpose of sight-seeing, and so did not bring the paper, although it is ready. I will read it at the next meeting.

Dr. SMITH, Missouri. Mr. President, I have very little to report from Missouri. Since our last meeting we have had no session of our Legislature, and hence no appropriation for increased provision for the insane. We have never had a special census in Missouri to determine with accuracy the number within our limits. I have heretofore endeavored to approximate correctness by calculating one to every thousand, and our population being very nearly two millions, estimated about two thousand insane in the State. We have two State Institutions that will accommodate six hundred, the one at Fulton three hundred and fifty, and the one at St. Joseph two hundred and fifty. We have also the St. Louis County Insane Asylum, with capacity for three hundred, and the St. Vincent Asylum for two hundred and fifty, making the total provision for the insane in Missouri eleven hundred and fifty, and the number unprovided for not less than eight or nine hundred. I have often thought that our State for the purpose of determining with certainty the number of this unfortunate class, for whom no provision has been made, should appoint a commission like the one in Massachusetts some years ago. Such a commission of well qualified gentlemen deeply impressed with the necessity and importance

of a thorough and searching investigation, would doubtless discover a much greater ratio in Missouri, than we have supposed, perhaps one to every seven hundred, instead of one to every thousand of our population.

My firm conviction, Mr. President, is that every State in our Union, that has not already done so, should appoint such a commission, and when the number of insane unprovided for shall have been determined, make an appropriation at once commensurate with their wants. If other important interests for the time suffer, let it be regarded our imperative duty first to make ample provision for all our most helpless, dependent and deeply afflicted citizens, as all regard the insane to be.

Such a course of searching investigation and prompt action on the part of all the States would accord, not only with the dictates of enlightened philanthropy and Christian civilization, but the wisest economy, and, I may add, would be a spectacle of moral grandeur without a parallel in the world's history.

The internal working of our State Institutions, as far as known to me, has been most pleasant and harmonious. My colleague, Dr. Catlett, will, of course, speak of his own Institution.

I may add that during the past year we have made a large pond covering about two-thirds of an acre, and excavated twelve feet below the surface of the ground. It is located near our reservoir, and supplies from the same pipe. This pond will supply us with good ice during the winter, and place us above every contingency, I think, as far as water is concerned.

THE PRESIDENT. Can you not induce your Legislature to appoint such a commission as you have indicated?

DR. SMITH. I think it is probable we can. At any rate we will make the effort.

THE PRESIDENT. I hope you will be successful.

DR. CATLETT, Missouri. In my brief remarks I shall confine myself to matters pertaining to the Institution I represent, this being the intent of such annual reports as I understand. As this is the first appearance of State Lunatic Asylum No. 2, in your body, it may be well to inform the Association that it is located in the northwestern part of Missouri, near the city of St. Joseph, upon one hundred and twenty acres of very rich land, in the most fertile and productive portion of the State, and therefore, a most suitable place for its location. Its location in all respects is an eminently good one, except as to the water supply; but from the geology of this section of the State, as well as from

successful explorations for water in the vicinity of the Asylum, we are encouraged that by well directed efforts an abundant supply can be obtained. The edifice is two hundred and fifty feet long; the center building is fifty by one hundred and thirty; the wings one hundred and thirty-eight, each four stories high, with the combination of French and Mansard roof covered with slate, with a basement under the whole. A commodious kitchen under the rear central building containing most of the new cooking appliances. The food is carried directly from the kitchen to its destination by dumb waiters. An incommensurable narrow hall running across the rear of the center building and forming a part of the basement of the rear, thus separating the kitchen from the basement of the main building, was designed as the laundry.

The edifice was received by the present Board of Managers from the hands of the irresponsible and bankrupt contractors, imperfect in architectural design, and incomplete in construction in October, 1874. On November 9, 1874, the Institution was opened for the reception of the insane. The capacity of the building is two hundred and fifty patients. We have admitted two hundred and thirty-six since the opening, remaining in the Asylum when I left, one hundred and sixty-four; ninety-two discharged from all causes, sixteen of these deaths. In consequence of the Fulton Asylum being full, Dr. Smith has had to discriminate in favor of the curable, therefore many incurables have fallen to my lot. We obtained an appropriation at the session of the Legislature, 1874,-5 to complete, enlarge and remodel the heating apparatus, and also to erect an engine house, laundry and employes department. Last year was devoted to the prosecution of the objects, which, I think, have been accomplished in a successful and satisfactory manner, so that in the future, I hope to have more time to devote to medical duties. I have nothing new to add, as to the treatment of the insane. *Lex humanitatis* is the motto of our by-laws; all treatment must conform to this; restraints are used in kindness, only when imperatively necessary, and always the mildest that will accomplish the end.

Dr. FULLER, Nebraska. We have to report that since we last met we have doubled the capacity of our Institution for the care of the insane; at that time the building had a capacity for forty-five patients, and we cared for fifty-seven. We have now seventy-six patients. We have now no application for admission on file, except for two or three epileptics and few idiots, which the State law regulating and governing the Institution does not permit

us to take. I made a statement here a year ago, that the population of Nebraska was two hundred and fifty thousand, or something more than that, and that we had two hundred and fifty insane. I had then been in charge of the Institution but two months, and made the report from the figures of my predecessor. I have since made fuller investigations, and find the state of things different. There are not one hundred and fifty insane, and the State has provided, as I said, for seventy-six, at present. We have room for fourteen or fifteen more; there is no application on file, and some chronic harmless cases are provided for by friends at home.

Dr. STEEVES, New Brunswick. Mr. President and Gentlemen, as the last born member of the Association, I desire to observe a becoming modesty in what I have to say to you. I should, however, do violence to my own feelings, if I did not give expression to the feelings of pleasure and satisfaction that I have in meeting so many distinguished members of the Association, especially the veterans in our specialty who are present here.

The Provincial Lunatic Asylum, at St. John, N. B., which I now represent, was formerly under the able superintendence of Dr. John Waddell. It is situated in the Province of New Brunswick; this Province, in the Dominion of Canada, contains a population of upwards of three hundred thousand people, and from this source the Institution is supplied with its inmates. According to the last Dominion census, there were in the Province about seven hundred insane, a pretty large percentage as may be seen. But I conclude that these large comparative figures are due to the fact that in the estimate there are included with the ordinary insane, idiots, cases of senile dementia, and some epileptics.

There are now in the Asylum, two hundred and seventy-eight patients, and although that is less than half of the whole number in the Province; yet it can be said that no one has been thus far refused admittance, and so far as I am aware, none are confined in almshouses or in jails.

Our building, as originally designed, afforded ample accommodation for two hundred patients, but fifty additional ones can be taken care of moderately well. The present number being two hundred and seventy-eight, it is plain that we are in the position of many other similar Institutions on this continent and elsewhere. Although this matter has been fully pressed upon the attention of our commission, so far no active steps have been taken to erect buildings for additional accommodation.

I have no ideas of my own in relation to management or treatment to report. My Institution, except that it is crowded, is in a prosperous state. The Government, who are the Commissioners, accord to the Superintendent powers commensurate with his responsibilities.

Dr. CLARK, Ontario. I may say, Mr. President, that I am glad to see the members of the Association for the first time. I am the successor of a gentleman, I presume, well known to every member of the Association, Dr. Workman, who resigned on account of advanced age, last year, and the Government was pleased to appoint me as his successor. I am young in Asylum practice, although from my appearance you may judge that I am of mature age; yet I am young as a member of this Association, or of any association of this kind. Having assumed the Superintendence of the Asylum only last December, I may say I am very glad to be here, and learn what I can in relation to this matter, and to receive any suggestions that will be thrown out by the veterans of an Association of this kind. Whatever practical hints may be given will be gratefully received by myself.

I may say, in the Province of Ontario, (a Province that contains probably not over two millions of people,) there are four Asylums. Toronto has had an Asylum for about thirty-eight years; there is another at Kingston, which is a little older, and there are two other Asylums at London and Hamilton. In the Asylum at Toronto, we have accommodations for about six hundred and sixty patients. Until recently, our Asylum was filled to overflowing, from the same cause that other gentlemen have mentioned to-day; but an Inebriate Asylum having been built at the city of Hamilton, forty miles away, it was converted into an Asylum for the incurable, the quiet and inoffensive, and so far as I know, about one hundred and fifty have been provided for in that Asylum. They are very much pressed for room as all our Asylums are. Many of these unfortunates have heretofore been provided for in jails or almshouses.

The consequences have been that I am continually taking in those who have previously been provided for in jails and almshouses, as well as the other Asylums at Hamilton and at London. The Superintendent of the latter is a member of your Association, and the other at Kingston superintended by Dr. Dickson, has provision for the criminal insane, as well as for others outside of the criminal class. I may say that I do not take into the Toronto Asylum, except occasionally when they get in, in spite of us, any epileptic or idiotic.

An Asylum is now being built, and will soon be opened for the idiotic, a short distance north of Toronto. I have not the least doubt but my friend, Mr. Langmuir, the inspector of prisons in the Province, who is present, can give you more information on this point than I can.

Mr. Chairman, I trust that he, as he has superintendence of all the Asylums in the Province, except Kingston, and inspects the prisons and charity hospitals, and is responsible to the Government, and we are responsible to him for the good management of our Hospitals, will give us a detailed statement in relation to them. I will be glad to hear the discussions from time to time of this Association, and I have the great pleasure in being present as a representative of one of the Asylums north of the great lakes.

Dr. PARSONS, New York. Dr. Macdonald who is in charge of the New York City Asylum for males on Ward's Island, has already made some statements regarding the favorable progress that has been made in the management of the New York City Asylum during the past year. I shall be very glad to add a few words on this subject, although what I may have to say will probably be for the most part cumulative in character.

Since the first of January, 1875, three pavilions with a capacity for sixty patients each, have been completed and occupied. Two more are nearly completed and will soon be occupied, making an addition to the domiciliary capacity of the Asylum on Blackwell's Island, sufficient for the accommodation of three hundred patients. The Asylum will then have suitable domiciliary accommodation for nine hundred patients. There are now thirteen hundred patients under treatment at the Asylum.

Important improvements have also been made in the clothing and in the dietary. Clothing has been furnished more abundantly and of better quality than heretofore. The dietary has been greatly improved both in substance and in modes of preparation. The dietary scale now in use covers a period of two weeks, during which time the dietary for each day differs from that of any other day. The advantages of the new dietary are demonstrated by the fact, that since its adoption, the general health of the patients has been improved, and that there have been no diseases among them depending on imperfect alimentation, whereas previously this has uniformly been the case, especially during the spring and early summer months. Better provision has also been made for the means of relaxation and amusement. A large building spacious enough to accommdate six or seven hundred persons has been pro-

vided as an amusement hall. Entertainments of various kinds, as concerts, exhibitions, comedies, &c., are given in this hall each week, by amateur or professional performers from the city. The hall is also used for dancing and for the daily gymnastic exercises. During the summer months, patients in parties of about fifty, are from time to time, taken a steamboat excursion to Hart's Island. In fine, the present Board of Commissioners have manifested a laudable appreciation of the wants of the Institution, and have made energetic and intelligent endeavors to supply these wants.

The PRESIDENT. Can you tell how much these dietary changes have added to your average cost to the patient?

Dr. PARSONS. I can not say, but the increase has been very slight. An estimate was made that the increase in expenditures would be about thirty per cent., but there has been a very large diminution in the cost of supplies, as compared with previous years, and this diminution in cost has been such as in a great degree to counterbalance the cost of improvement.

Dr. RAY. What is the whole working average cost?

Dr. PARSONS. Twenty-one and a quarter cents a day *per capita* for the year 1875. Improvements, however, are still required, which would involve a considerable increase in this rate of expenditure.

The PRESIDENT. Is that for food alone?

Dr. PARSONS. No, sir. The amount mentioned includes the expenditure for food, clothing, salaries and wages, fuel, light, medicines; in fine, for everything except new buildings.

Dr. BLACK, Virginia. Mr. President and Gentlemen, I was not able to be present at the session yesterday morning. I understand my friend, Dr. Baldwin, from the Western Lunatic Asylum, made the report for the asylums of the State, and I do not know that I need add anything to what he has said. I may, however, say that I am quite a young Superintendent of a lunatic asylum, it being but last January that I commenced my duties in the Institution of which I have charge. On the night of my arrival at Williamsburg we had the misfortune of having a fire that destroyed the chapel, amusement hall, kitchen and bakery. The result was to some extent disastrous and quite embarrassing, but by the use of other rooms for the purposes for which the chapel and amusement hall were provided, and the building of a bakery and temporary kitchen, we have to some extent recovered from the loss. The Legislature came to our relief, and made an appropriation of forty thousand dollars for the erection of additional buildings. The

capacity of the Asylum is three hundred, with an average present last year of three hundred and three. With the aid of the appropriation we will be able to accommodate four hundred, which we hope to accomplish within the next year. The Institution is equipped with most of the modern appliances, and is getting along successfully, (considering its recent embarrassments,) at least so far as I can judge from my limited experience.

Dr. MEAD, Massachusetts. I do not know that I have anything to report that will be of any interest to the Association. My practice is confined to a very limited sphere. The Institution is situated at Roxbury, near Boston, and its capacity will enable me to take seven or eight patients.

Mr. J. W. LANGMUIR, Inspector of Asylums of the Province of Ontario. Mr. President and Gentlemen, I am very glad along with Dr. Steeves and Dr. Clark, medical Superintendents in Canada, to be present at the meeting of this Association. Although we differ politically from you in the United States, and although we are geographically divided, still in this specialty we can all meet upon common ground. When you, sir, were in Canada last, along with many other members of this Association that I see here to-day, you will remember that we had in the Province of Ontario at that time three Institutions for the insane, viz: the Toronto Asylum, the London Asylum, which had only been opened a few months previous to your visit, and the Kingston Asylum. The Kingston Institution was originally intended for the criminal insane, as they are called, but at the present time there are only twenty-four of that class in the Asylum, out of a total population of three hundred and seventy. This accommodation, which was equal to about sixteen hundred beds, proved to be inadequate to the demand, and last year steps were taken by the Government to increase the accommodation to twenty-four hundred beds. An institution which has just been completed, and was originally intended for an inebriate asylum, has been taken for insane patients. It was felt that the wants of the insane were of so much greater importance than the wants of inebriates that the Institution was devoted to the purpose of an insane asylum, in order to provide for the immediate demand. The building is not exactly suited for the insane, being all in associated wards; some of them altogether too large, and others too small, but it is in contemplation to increase the capacity from two hundred to four hundred beds, the additions to be all single rooms. It is also contemplated to increase the accommodation of the Kingston Asylum from three hundred and seventy

to five hundred beds. We also intend this coming year to erect two or three more cottages at the London Asylum. At that Institution, where we have a large number of incurable patients, and a great deal of land, we have commenced the cottage system, by which means the quiet chronic patients are removed from the main Asylum to these cottages, which are only distant about three hundred yards from the main Asylum. In place of sending these comparatively quiet, but hopelessly insane people home, or into the poor-house or almshouse, or into the common jail, neither of which ways can be pronounced humane, we propose to make provision for them in that way. The experiment has been eminently successful so far, and the patients themselves like the change very much. Those who have been removed from the main Asylum to the cottage, take it as a punishment to be sent back again. We therefore propose to build three more cottages, with a capacity for sixty in each cottage, which will increase the accommodation of the London Asylum by one hundred and eighty beds. We have now nearly completed an Asylum for Idiots. That class has been very much neglected in Ontario in the past, but the completion of this building will give accommodation for two hundred. In this way, Mr. President, we propose to increase the Asylum accommodation of the Province of Ontario from sixteen hundred to twenty-four hundred beds, which I trust will answer the purpose for some time to come. I may state for the information of the Association that our Asylums for the insane, as well as all our public Institutions for the deaf and dumb, the blind, and the hospitals and prisons come directly under the control of the Government. We have no Boards of Directors to intervene between the Government and the Superintendents or managers of these Institutions. As Dr. Clark has stated, I have the honor, under the Government of the Province, to be the Board myself for the management of all these establishments. I also have the supervisory control of the other local Institutions of the Province, which receive aid, but are not entirely supported by the Government.

The Province gives to these hospitals and local charities in the various cities and towns an amount for their support, proportionate to the number of patients or inmates which they receive, and for this the Government, through the inspector, exercises supervisory control over their affairs in order to obtain efficiency and uniformity in management.

The same may be said with regard to a certain class of almshouses or houses of refuge, but of these we have only five in the

Province. Altogether I have, as inspector, to visit and inspect seventy-eight institutions in the Province of Ontario. From what I have heard of the organization and powers of your Boards of State Charities, I do not think that these Boards stand exactly in the same position as the inspector in Ontario. I think the control and power of the inspector is more direct; for instance, if I report a structural defect, and recommend that it be remedied, it is attended to immediately, provided the money has previously been voted by Parliament, which we have no difficulty in getting, when proper representation is made. The Province has already spent upwards of two millions of dollars in providing structural accommodation for her insane, and before we will have completed our additions to augment the accommodation to twenty-five hundred beds that amount will be increased to three millions of dollars.

The PRESIDENT. In your Province?

Mr. LANGMUIR. In the Province of Ontario alone, I may state that the Dominion of Canada is comprised of seven Provinces, Ontario being the largest and has a population of about two millions. Under the Confederation Act which took effect some years ago, each Province has the charge of its insane, and all the Institutions for the care and treatment of physical and mental defectives and the local charities generally. These, along with the county gaols were handed over by the Dominion to each Province to manage. In some Provinces the care of that class of the community and the management of the various institutions are more effective than in others. I think I may state without exaggeration that the Province of Ontario is fully up to, if not in advance of, most countries of the world in the care they take of their physical and mental defectives.

Rev. Mr. KERR, Trustee of the Hospital for the Insane, Minnesota. I regret that our Superintendent is not with me on this occasion. I would simply state that Minnesota has but the one State Hospital erected at St. Peter. Our building as completed at present, will accommodate five hundred patients and we are now full. We are about to provide, and have to provide, in the temporary buildings for perhaps one hundred or one hundred and fifty more patients until the State makes further provision for them. As I have said we have about five hundred patients under treatment. So far as the internal arrangements of the Hospital are concerned I need not report. There seems to be a marked increase within the last six months of applications to enter our Institution from every rank in life. With a population of some six hundred

thousand, we have nearly one patient to one thousand represented in our Institution. With these remarks I will close, I will say, Mr. President, that Hon. Heaman Talbot, a member of our Board of Trustees for the State is present. If it is your pleasure I will introduce him to the Association.

THE PRESIDENT. The Association will be glad to hear from Mr. Talbot.

HON. H. TALBOT. Mr. President and Gentlemen, you can easily perceive I am a very young man although I present the appearance of being advanced in years, but still I *am* a young man with reference to Institutions of this kind, and you will bear that in mind when you hear anything I have to say relative to these Institutions. I have only been connected with it for two years while my friend Mr. Kerr was with it from the very start, helping to raise the money to build the Institution, and was present when the first spade was thrust in the ground, and knows all about it from beginning to end, and I wish they would send from Washington to that place some of those extraordinary investigators to see what has become of the money that Mr. Kerr has had carrying on that Institution in Minnesota, although I believe that not enough to buy a respectable cigar has stuck to his hands, but he is too modest to tell you that. That gentlemen, is about the only thing I know in reference to the Institution in Minnesota, and if an investigating committee was sent out there that is about what they would find out. As Dr. Bartlett is not here I will say that at present, as I am speaking for a friend, you can say with safety that the Institution in Minnesota is a model one. I visit it very frequently, as a director, I take a great pride in visiting the building and occupying myself from time to time with that subject, and I freely give my testimony as to the great care with which the Institution is managed, and say I never entered as thoroughly clean and beautifully kept house as that is in Minnesota. I would say also that the patients are generally healthy and cheerful and contented. I did regret to hear the remarks made by the gentleman yesterday, and I trust he is not offended. I do not believe the gentleman if he had thought, would have made the remarks, but he was gone before they were alluded to. He said that the death rate in one Institution has decreased fifty per cent. simply because the men and women have been allowed enough to eat. I would refer the gentleman to the good old Canadian times, I know all about. I shot and hunted game on the spot where those Institutions are now built, years and years before they were erected. I recollect the

Governor General of Canada in 1836 had said of him that he had the qualifications of a governor, for he had been a commissioner of the Poor Laws in England and had spent his life in experimenting on the bowels of the paupers, to see the least possible amount of food that would keep soul and body together. Can it be possible that that has been done at this day in the enlightened city of New-York? I am glad to say I think that is a mistake. We should give the patients enough to eat, and I am proud to say that that is the case with the Institution in Minnesota.

The PRESIDENT. I see Dr. Jameson, President of the Board of Trustees of the Indiana Hospital for the Insane, is present, and it is always a pleasure to hear him. He was with us at the last meeting of the Association, and I am glad to see him present to-day. I am sure the Association will be glad to hear some remarks from Dr. Jameson who has had a large experience in the management of an institution for the insane.

Dr. JAMESON. Mr. President, I do not consider myself entitled to a seat here, but will say a word or two notwithstanding. I have been for nearly sixteen years one of the Board of Managers of the Indiana Hospital for the Insane. The Institution was small and meagre in its appointments when I became connected with it. It has grown till it is now a good one, with, as my friend has already told you, a capacity for six or seven hundred patients. It will, I think, compare favorably with any State Institution in the country. Upon the same grounds, and to be under the same control, we are now erecting a separate building for women about ten hundred and forty feet in length, which when finished, will afford room for seven hundred more, and meet the requirements of the insane of the State, for some time to come.

Statistics collected by the different county auditors, and forwarded to the last Legislature, show the insane of Indiana to number sixteen hundred to seventeen hundred. The population is not less than two millions, from which it would seem our ratio of insanity is less than that of some of the older States. If true, this is an interesting fact depending, possibly, upon the moral habits of our people, most of whom are engaged in agriculture.

I am the President, in common, of the Boards of all the so-called benevolent Institutions of the State, holding the same official relation to the Institutions for the deaf and dumb and blind, as to the insane. Those other Institutions are good of their kind, and ample for the wants of our population, but not, I presume, of special interest here. Our State, in the matter of maintenance,

has been liberal to the benevolent Institutions. For the insane we have not been compelled to run a cheap Hospital, but rather have made the effort to conduct a good one as economically as possible. It is gratifying that no charge of corruption has been brought against our insane Hospitals, or indeed any of our benevolent Institutions during my long connection with them. As between the main political parties, our State is a close one. The Legislature has been sometimes one way and sometimes the other; but while there have been fierce conflicts about other matters, the politicians have wisely let the State benevolent Institutions alone. For which all good people should be duly thankful.

Dr. KIRKBRIDE. I hope you will not omit to tell us something about what is being done for the good of the people that congregate in the District of Columbia, and for the army and navy of the United States. We all have a general interest in that.

The PRESIDENT. Before I say the little that may be said in regard to that matter, I will call upon Dr. Walker, who, I understand has not reported the progress made in Massachusetts in providing for the insane. Dr. Walker will need no introduction.

Dr. WALKER. Mr. President, I did not regard myself in the position to report for Massachusetts. I am sorry to see none of our Superintendents from Massachusetts are present to-day. All of them but one, I know expected to be here.

I believe Massachusetts is doing her whole duty to-day in regard to making provision for the insane. They have just completed a very large addition to the Taunton Hospital, in a wing of modern construction, and fitted with all modern appliances for the comfort and care of the insane. They are now building a Hospital at Worcester, in place of the old Hospital, to accommodate five hundred patients. It probably will receive when completed six hundred. That is under the charge of Dr. Eastman, and it is perhaps more than half completed.

At Danvers, in the eastern portion of the State, there is now building a large Hospital for the accommodation of four hundred; it will undoubtedly accommodate five hundred, and if finished according to the original plan, it will unquestionably be one of the best Hospitals in the country. Unfortunately the location selected was a very expensive one, and the Institution, instead of costing nine hundred thousand dollars, as originally contemplated, will require at least a million and a half, including the furniture. An act passed at the very close of the session required the commissioners to complete the building for one million and a half. This

will delay the completion of the Hospital for six or nine months, in the end doing no injury, as it will be all the better for being finished slowly. The Trustees of the McLean Asylum have already selected and completed the purchase of another and very fine location for that Institution; but I understand they have concluded to put off further proceedings in the way of building, or even completing their plans, for five or six years to come. In the Boston Hospital with which I am particularly connected, we have to-day two hundred and ten patients, just filling it tolerably full, and we keep at that number all the time, not allowing ourselves to go above it, and not being able to fall much below it. It is a small Hospital, erected in 1838, rather as a receptacle. I am glad to say in late years it has been improved to the very utmost of the power of improvement in an old structure like that. The patients I believe to be as comfortable as in any of the older establishments in the country. On the whole, sir, I am glad to report that Massachusetts presents no falling back. There is no hesitation among her public men in providing amply and completely for her insane, not only for to-day, but looking for a probable increase for the next ten years; and unless something unforeseen should happen to shock the public sense of the State, undoubtedly the good work of the last two years will continue to go on.

THE PRESIDENT. The Association will be glad to hear, upon the subject before it, from the Rev. F. H. Wines of Illinois, a member of the Board of State Charities and Secretary of the Board, who is one of the gentlemen who has contributed to the aid and comfort that was certified to by one of the Superintendents from that State.

REV. F. H. WINES. Mr. Chairman and Gentlemen, I certainly did not expect to be called upon for any remarks at this meeting. But having met the Association once before at Hartford, and having visited many of the Superintendents at their own Asylums, I may say that I am exceedingly glad to renew and to extend my acquaintance with a body of men for whom I have such a sincere and profound respect. I think that the members of the Association are very well informed as to the origin, history and present condition of the provisions made for the insane in Illinois. Nothing has been said, however, in regard to the Cook County Insane Asylum, I am happy to be able to inform the Association that this Institution, which in times past has been very much below the grade, and has indeed been an eyesore and a stench to many of us, although not yet up to grade, is nevertheless improving; and there is reason to believe that in the course of events, it will become equal or

nearly equal to our best State Institutions in its organization, management and discipline. I may also say one word respecting the future provision for the insane in our State. I would like to hear something said by the members of the Association as to the question how extensive ought the provision for the insane of a State to be? I once addressed a letter to all the Superintendents of Hospitals for the Insane in the United States and received an answer from the most of them. I asked this question, what proportion of the insane require and should receive hospital care? I was very much surprised, sir, to find that the Superintendents do not agree at all on that subject. Some said, every one; some said five-sixths; some, three-fourths; some, one-half. We shall soon have in Illinois, hospital provision for seven-twelfths of our insane. How far it is necessary to carry the development of our system of Hospitals, we do not yet know; but in all probability an agitation will be begun in the next Legislature, and will be continued, until it is successful for a fourth Institution to be located on the east side of the State. Whether it is necessary, as one gentleman remarked, to press this provision for the remainder of the insane of the State, in advance of other interests which may be deemed to be more important, is a question which is not yet settled. We have at least three thousand insane, and we shall have hospital accommodation for seventeen hundred and fifty of them whenever the Hospital at Anna is completed.

The PRESIDENT. What is the population of Illinois?

Rev. Mr. WINES. We estimate it at three millions. At the censuses of 1870, it was about two and a half millions. The people of the State are exceedingly liberal and are able and willing to appropriate money for charitable causes, if they can only have confidence in the economy, integrity and general judiciousness of the management of our State Institutions. In these respects we think that we can now challenge a comparison with the Institutions of almost any State in the country. The last seven years have certainly been marked by a great improvement. I am very glad to have been recognized by the Association, and to have had the opportunity of expressing to you my solicitude for your success in the noble enterprise in which you are engaged.

Dr. NICHOLS. If there is any other gentleman present who is officially connected with the management of an institution for the insane, either in the United States, or the Provinces of the Dominion of Canada, the Association will be glad to hear such observations relating to the primary question of our calling—the condition

and progress of hospital, or asylum provision for the insane—as he may be pleased to submit.

After waiting a few minutes without response to this invitation, Dr. Nichols said:

I hope that the members of the Association, who are familiar with the state of the Government Hospital for the Insane, will bear with me if I repeat some things which are already known to them. That Institution has proper accommodation for five hundred and sixty-three patients, and had seven hundred and fifty-three under treatment on the last day of May, or ten less than two hundred in excess of its capacity. I need not dwell upon our embarrassments, nor upon the necessity of enlarging the Hospital, before an Association that, last year, passed resolutions strongly condemnatory of the admission of a greater number of patients than the buildings of an institution can properly accommodate.

Two years ago the authorities of the Government Hospital proposed to erect a separate edifice for the female patients, and devote the present edifice entirely to the male patients. If that project is carried out, the female department will be surrounded by one hundred and seventy-five acres of land, and the male department by one hundred and eight-five acres, with water front for bathing, boating, &c., and the two departments will be separated by the public road that passes through the grounds of the Hospital. The Senate has endorsed this plan of enlargement by a handsome majority, and it has earnest friends in the House; but as this is known as the "economical year" of the Government, it is not probable that the appropriation necessary to begin the work will be made at this session. A precedent in our own experience leads us to hope that the appropriation will be made next year.

Perhaps it will interest the members of the Association to clearly understand the sources from which the large number of patients, under treatment in the Government Hospital, are derived. They are derived, 1st, from the army, which contains about twenty-seven thousand men, including officers; 2d, from the navy, in which there are about ten thousand men; 3d, from all the living men, estimated to be about seven hundred and fifty thousand, who have served in the army, or navy, regular or volunteer, and who are indigent; 4th, the population of the District of Columbia, which is estimated to be one hundred and sixty thousand; 5th, the transient poor insane, found in the district; 6th, the insane of the

Marine Hospital service; 7th, the insane of the Revenue Cutter service; and 8th insane convicts tried in United States Courts. The number of civil patients that are brought to the Hospital for treatment, from without the district, just about equals the number sent from the district to distant institutions. The proportion of indigents among the late sailors and soldiers of the regular and volunteer service, can not be approximately estimated, but it is, undoubtedly, large. It will be seen that the seven hundred and fifty patients under treatment at the Government Hospital, embrace the insane of nearly one million of our people, which is a ratio of one insane person to between thirteen and fourteen hundred of population. This is considerably less than the ratio of insanity to the whole population of the country. The district patients under treatment in the Hospital bear the ratio of one to five hundred and fifty of the population. This appears to exceed the ratio of insanity to the whole population of the United States; but the excess is, probably, more apparent than real. The Hospital is in the midst of a compact community, and every case is provided for and brought to light either by entirely gratuitous support, or the payment of a moderate compensation for board and treatment. Forty-eight patients were received from the army last year, or one to about five hundred and sixty-two of the men comprising that arm of the service. In speculating upon the causes of the annual occurrence of so large a number of cases of insanity in the army, we should consider, besides the bad habits and broken constitutions of many of the men who enlist in time of peace, and the climatic changes and exposures, and nostalgia, to which they are subject, the fact that comparatively few men make the army a life career, and that new uninured men are constantly encountering the trials of the service, while inured men are as constantly leaving it. It is a singular fact that may be referred to in this connection, that nostalgia was almost the only moral cause of insanity during the late war. Personal fear and the anxieties of intelligent and patriotic men respecting the issues of the great struggle, appeared to be insignificant factors in the production of the insanity that occurred in the army during that period. The causes were, in most instances, entirely physical. The Vice President and Secretary of the Association, who sit near me, intimate that I am expected to say something in relation to the extraordinary investigations into the management of the Government Hospital for the Insane, which has now been going on for three months. A large number of witnesses have now been exam-

ined by the Committee that has the matter in hand, (the Committee of the House of Representatives on Expenditures in the Interior Department,) and the members of the Committee have recently visited the Hospital, and thoroughly examined into its condition and management; and my counsel is of the opinion that the investigation is nearly, perhaps quite, at an end—that the accusers have produced nearly, if not all, the inculpatory testimony they find themselves able to create. The exculpatory testimony has mainly been confined to the refutation of the charges and testimony brought forward to sustain them. At least twice as many witnesses have volunteered to testify in favor of the management of the Institution, as it has been thought necessary to call. Many friends of patients and a considerable number of recovered patients themselves have volunteered to testify in behalf of the Hospital, but though their proffered aid is, and always will be, very gratefully appreciated, it has not been made use of, for good reasons that will occur to every mind present, except in the case of one distinguished gentleman, who did not hesitate to disclose the fact of his having had a relative under the care of the Institution, and most kindly pressed his testimony upon us. Two members of the Association have been called in the case, and the readiness and clearness of their opinions, and their candid demeanor with an entire absence of egotism or dogmatism, are thought to have made a most favorable impression upon the Committee. As the Committee has not yet reported, I deem it unsuitable to enter into further detail in relation to the investigation. The unfriendly and sensational press has published the unfavorable testimony, with gross exaggerations, and sent it from one end of the country to the other, and you have doubtless seen the most of it. The newspapers have manifested much less interest in the spread of the favorable testimony, and I have endeavored to keep my brethren of the specialty posted in relation to that, and hope they have received the papers I have sent them.

The Association is now ready for the introduction of other business.

The SECRETARY. The committee appointed to prepare resolutions in relation to the death of Dr. Bryant have requested me to read for them the following notice:

“As your committee to draft a memorial and resolutions in memory of Dr. Geo. Syng Bryant, deceased, we respectfully submit the following:

Dr. Bryant was born in Old Virginia in 1825, and died in June 1875, in full vigor of manhood. He was educated at Hampden Sydney College, and graduated at an early age, it is said with the honors of his class; studied medicine and graduated from old Jefferson, in this city, in 1845. Soon after he removed to Mississippi, where he practiced his profession very successfully for about ten years, up to the commencement of the late civil war, when he was appointed a surgeon in the Confederate service, and won for himself distinction in that service. At the close of the war he removed to St. Louis, Missouri, but was induced to leave that place on account of failing health, brought on by exposure during the war. He removed to Lexington, Kentucky, and soon made for himself a reputation as a man of more than ordinary ability; became an active and prominent member of the Kentucky State Medical Society, and won the exalted esteem of the profession generally throughout the State. His enthusiasm for his profession, his admiration for the masters of his science, his studious habits and his contributions to the various medical journals, all marked him as a man of no ordinary cast. As a gynæcologist he was distinguished in the West, especially as an operator and also as an inventor. With those with whom he was associated in the management of the Eastern Kentucky Asylum, from the highest to the lowest, all continue to speak of his uniform kindness and his unceasing efforts to make every one around him comfortable and happy. He will be missed indeed from our Association, from the Kentucky State Medical Society to which he was a contributor, from the profession generally where he lived, and among whom he had many warm admirers, and from society generally, therefore;

Resolved, That this Association tender their warmest sympathy to his personal friends, and especially to his widow, Mrs. Bryant, by whom he is missed more than by all others, and to whom he was so much devoted, and we desire that this memorial and resolution be placed upon our minutes, and that our Secretary be requested to forward to Mrs. Bryant a copy of the same.

R. C. CHENAULT,
W. M. COMPTON,
J. H. CALLENDER.

On motion, the resolution was unanimously adopted.

The SECRETARY. Dr. Denny has placed upon the table a number of anatomical preparations of the brain made by himself,

which he can more fully explain, and I suggest that he be requested to do so for the benefit of the members.

Dr. DENNY. Mr. President and Gentlemen, the design of this series of transparent sections, which have been conducted in a transverse and vertical direction through both hemispheres of the human brain, in their entirety, including the cerebellum, the pons varolii, and medulla oblongata, is to illustrate in a general way a method of preparation which affords the best facilities for studying its minute anatomy, and the variation of form and relation, in continuity, of the same part at different points. This plan includes the similar preparation and preservation of every section, in order of position from a single brain of any species. Such a complete series would form a valuable standard for reference, study and comparison, and would essentially aid toward the solution of obscure physiological, pathological and psychological problems.

Modern investigations to determine localized functions in the brain demand an accurate acquaintance with the minutest anatomical details, in order to guarantee their reliability. These sections were made in accordance with the method of Prof. Von Gudden, Superintendent of the District Asylum for the Insane of Munich, and mounted, after the processes employed for smaller objects, by Prof. C. Claus of the University of Vienna, whereby, for the first time, so far as I am aware, such large sections can be easily handled and rendered much more generally available for demonstration without endangering them.

I am indebted to these gentlemen for giving me, as a member of this Association, unusual facilities for prosecuting this work which I gratefully acknowledge. I had the good fortune to be able to examine the unrivaled series of sections of the brain at the District Asylum in Munich, by the courtesy of Dr. Gudden. This collection, embracing several thousand specimens of such sections from various species, contains one series of seven hundred complete sections through the human brain, (exclusive of the medulla, etc.) I am convinced that it would be of great advantage, in tending to shed more light upon the obscure problems of mental diseases—and so benefit eventually their treatment—should every asylum for the insane in this country preserve on file for reference similar series. No class of observers has the opportunity so fully as superintendents of asylums for the insane, of comparing diseased conditions of mind with pathological lesions of the brain. I recognize with pleasure the somewhat similar work undertaken by Dr. Gray.

THE PRESIDENT. It is understood that you submit these specimens for examination.

DR. DENNY. Yes, sir.

DR. GRAY. What is the thickness of the sections?

DR. DENNY. I am unable to state mathematically, but very many of them are microscopically thin, so that they may be examined with a No. 4 Objective of Hartnack; they are necessarily mounted on thick glass on account of their large surface.

DR. GRAY. I am very glad to see that Dr. Denny is engaged in that branch of pathological labor. We all appreciate its importance, as he has stated, and I am satisfied, as he has remarked, that the assistants of a great many institutions, if they had the appliances, might devote their time to advantage, and very properly, to such investigations. We have found a difficulty, recently, obstructing our progress, in being unable to get covering glass for sections so large. We have made a large number of vertical sections through the brain, and sectionalized the entire medulla. The sections of the brain are about the three-hundredth of an inch thick, and those of the medulla the eight-hundredth to the one-thousandth of an inch; the sections three-hundredths of an inch are sufficiently thin to be examined by the microscope. But there is no stand or stage, sufficiently large, or we have not been able yet to find one, to place them upon for examination. We are just about finishing a large stand and stage, which will receive a section five inches by four, or larger, and with the aid of illuminating mirrors, we undoubtedly will be able to examine those large sections, and indeed, we have made some examinations. Among a large quantity of covering glass I was able to pick out a few large ones. However, we are now in the way of getting them made especially for us. In a large section there is much less difficulty in following up nerve fibres and prolongations of ganglion cells. You can then go over the whole field with infinitely greater satisfaction, than under the older method of examining a large section by subdividing it, and then trying to unite those sections afterwards in your mind. With a stage large enough, and if large covering glass can be made, I have no doubt that sections, even thin enough for microscopical examination, could be transported from one institution to another, or presented before a class of students to advantage. For instance, an institution finding a class of interesting cases could make sections, and they could be transported from place to place, or to a meeting of the Association, or be taken to a place of general deposit of such specimens, forming a museum, which any

gentleman could apply to, and where he could visit and make any investigation that he chose to. The Army Medical Museum under Dr. J. J. Woodward offers such a disposition of specimens and centre of study.

The sectionalizing of the medulla requires about eight hundred sections. We have done that, and I think you have stated, to do the brain rightly, it would probably take seven hundred—that would be too moderate an estimate, it will take fifteen hundred, or even more—still, I have no doubt it can be accomplished, and will be, by many persons who devote themselves to the subject, having this peculiar skill. We have now a very skillful manipulator in Mr. Deecke, our present worker, and I have no doubt he will be able as soon as we are thoroughly prepared with stand, &c., and some other little appliances, to sectionalize the brain entirely through; and as you have remarked in regard to the views of distinguished gentlemen abroad, it probably is the most satisfactory, and most thorough manner of studying the anatomy of the brain, that could possibly be followed. With reference to the photographic pictures, it probably will be difficult to get a photograph of an entire section on one plate. The size required would be so great that it would demand a plate too large to show all the minute structure, without some other appliances. This can be accomplished by the use of the magic lantern, by throwing the image on a screen. It can be amplified in this way twenty thousand diameters, and still retain such distinctness as to enable us readily to pursue the study of minute anatomy and show most of the morbid conditions.

Recently, in the case of an epileptic patient in making the post mortem and examining the brain, we came upon a spicula of bone which had projected into the substance of the brain over an inch. We cut down upon it, breaking the edge of one of the section knives. In this case we were able to make vertical sections, one after another, towards the point of injury, and to examine it in its details with a thoroughness that no scalpel would have rendered possible. We also took photographs that will show the extent and character of the injuries inflicted, and the degeneration which occurred immediately around the spicula, and probably produced the great number, amounting to hundreds, of convulsions that took place, for years, before death. In regard to the photographs themselves, I suppose you have had experience as to the processes which give the greatest degree of distinctness and definition. We have made various arrangements to perfect the photo-

graphic representations, and I think we are able to take large sizes with the same distinctness as the small ones, and perhaps even greater. There is no difficulty in taking them to twenty inches in diameter; but the plate upon which the impression is received must, of course, be located at a long distance from the microscope. In taking the largest sized picture, the focal distance was forty feet. To properly focus the microscope at this distance, we were obliged to arrange a suitable adjusting apparatus. This was as successfully accomplished, and the focussing as nicely adjusted, as if the person were sitting by the microscope. But, as you all understand, these things are mere matters of mechanical detail, and undoubtedly mechanics will accomplish all that science demands in the history and progress of science. I am very glad indeed that you have engaged in that work.

Dr. EVERTS. I would like to ask Dr. Gray one question of public interest. Does the State of New York, in appointing a special pathologist, authorize the use of all persons dying in the Hospitals for post mortem?

Dr. GRAY. I might remark this, that we have never had any difficulty about it, more persons by far ask us to make the examination than object to its being made.

Dr. WALKER. Mr. President, I suppose it would be very convenient to take a short recess, so that the members may converse with Dr. Denny and look at his specimens. I understand that the Committee on the Treasurer's Accounts is ready to report. I would ask for the report of that Committee, now.

The Committee to audit the Treasurer's account made the following report, which was adopted:

Your Committee respectfully report that they have examined the accounts of the Treasurer, and compared them with the vouchers, and find them correct, and that there are \$161.60 in the Treasury. They also recommend an assessment of five dollars on each member for this year.

Respectfully submitted.

J. H. WORTHINGTON,
H. F. CARRIEL,
D. R. WALLACE.

The Association then took a recess of half an hour.

On re-assembling Dr. Gray read a paper on "Mental and Physical Symptoms of Cerebral Disorders, and their Relations with Certain Conditions of Insanity."

Dr. BALDWIN. I have been very much interested and instructed by the paper just read by Dr. Gray. There is one point, however, upon which I wish to be informed, viz: Is the line of treatment, as characterized by the symptoms, so clearly defined as to preclude blood letting? In the twenty-five years that I have been engaged in my profession, the two remedies that I have seen the most prompt and gratifying results from, have been the judicious use of the lancet and the insertion of morphia; and where I have found a decided determination to the brain, accompanied by a full, hard pulse, I have used the lancet with the most gratifying results. I can recall a case of mania now, in which the maniacal symptoms continued for months, and the prognosis was daily growing more unfavorable. There was evidently great determination to the brain, as indicated by a full, hard pulse, face turgid and red, eyes suffused, and the whole appearance indicating apoplexy. Under a liberal abstraction of blood, and appropriate treatment following, this patient rapidly improved, and made good his recovery.

The PRESIDENT. The Chair would ask Dr. Baldwin if he has found many cases in which venesection was necessary?

Dr. BALDWIN. I have only had occasion to use the lancet in *three* cases since my connection with the Asylum, and only a limited number in private practice, in which it was called for. In one case there was some precordial pain, and gastric disturbance, pulse full and hard, and swimming and dizziness whenever the patient raised his head, and evidently great determination to the brain.

Dr. GUNDRY. May I ask whether the cases were attended with pain?

Dr. BALDWIN. Yes, one with precordial pain and throbbing, and dizziness in the head. But you will observe of the three cases requiring the lancet, two were premonitory of apoplexy, and the remedy was used to ward off the attack. In the third case the lancet was used during the apoplectic seizure, and I thought the abstraction of blood ameliorated the symptoms, as indicated by the breathing and complexion. This patient, after remaining in a comatose condition for nearly thirty-six hours, roused up and got about his ward again. There was partial paralysis of the left side, which gradually wore away, and some months later he died in another seizure. I was under the impression that possibly hæmorrhage to some extent had taken place in this case.

graphic representations, and I think we are able to take large sizes with the same distinctness as the small ones, and perhaps even greater. There is no difficulty in taking them to twenty inches in diameter; but the plate upon which the impression is received must, of course, be located at a long distance from the microscope. In taking the largest sized picture, the focal distance was forty feet. To properly focus the microscope at this distance, we were obliged to arrange a suitable adjusting apparatus. This was as successfully accomplished, and the focussing as nicely adjusted, as if the person were sitting by the microscope. But, as you all understand, these things are mere matters of mechanical detail, and undoubtedly mechanics will accomplish all that science demands in the history and progress of science. I am very glad indeed that you have engaged in that work.

Dr. EVERTS. I would like to ask Dr. Gray one question of public interest. Does the State of New York, in appointing a special pathologist, authorize the use of all persons dying in the Hospitals for post mortem?

Dr. GRAY. I might remark this, that we have never had any difficulty about it, more persons by far ask us to make the examination than object to its being made.

Dr. WALKER. Mr. President, I suppose it would be very convenient to take a short recess, so that the members may converse with Dr. Denny and look at his specimens. I understand that the Committee on the Treasurer's Accounts is ready to report. I would ask for the report of that Committee, now.

The Committee to audit the Treasurer's account made the following report, which was adopted:

Your Committee respectfully report that they have examined the accounts of the Treasurer, and compared them with the vouchers, and find them correct, and that there are \$161.60 in the Treasury. They also recommend an assessment of five dollars on each member for this year.

Respectfully submitted.

J. H. WORTHINGTON,
H. F. CARRIEL,
D. R. WALLACE.

The Association then took a recess of half an hour.

On re-assembling Dr. Gray read a paper on "Mental and Physical Symptoms of Cerebral Disorders, and their Relations with Certain Conditions of Insanity."

Dr. BALDWIN. I have been very much interested and instructed by the paper just read by Dr. Gray. There is one point, however, upon which I wish to be informed, viz: Is the line of treatment, as characterized by the symptoms, so clearly defined as to preclude blood letting? In the twenty-five years that I have been engaged in my profession, the two remedies that I have seen the most prompt and gratifying results from, have been the judicious use of the lancet and the insertion of morphia; and where I have found a decided determination to the brain, accompanied by a full, hard pulse, I have used the lancet with the most gratifying results. I can recall a case of mania now, in which the maniacal symptoms continued for months, and the prognosis was daily growing more unfavorable. There was evidently great determination to the brain, as indicated by a full, hard pulse, face turgid and red, eyes suffused, and the whole appearance indicating apoplexy. Under a liberal abstraction of blood, and appropriate treatment following, this patient rapidly improved, and made good his recovery.

The PRESIDENT. The Chair would ask Dr. Baldwin if he has found many cases in which venesection was necessary?

Dr. BALDWIN. I have only had occasion to use the lancet in *three* cases since my connection with the Asylum, and only a limited number in private practice, in which it was called for. In one case there was some precordial pain, and gastric disturbance, pulse full and hard, and swimming and dizziness whenever the patient raised his head, and evidently great determination to the brain.

Dr. GENDRY. May I ask whether the cases were attended with pain?

Dr. BALDWIN. Yes, one with precordial pain and throbbing, and dizziness in the head. But you will observe of the three cases requiring the lancet, two were premonitory of apoplexy, and the remedy was used to ward off the attack. In the third case the lancet was used during the apoplectic seizure, and I thought the abstraction of blood ameliorated the symptoms, as indicated by the breathing and complexion. This patient, after remaining in a comatose condition for nearly thirty-six hours, roused up and got about his ward again. There was partial paralysis of the left side, which gradually wore away, and some months later he died in another seizure. I was under the impression that possibly hemorrhage to some extent had taken place in this case.

These cases possess peculiar interest in view, not only of the suddenness and alarming import of their character, but also of the promptness that is expected of the physician as to his line of treatment. But as I now understand Dr. Gray, where you have hæmorrhage, the symptoms are those of depression, and are to be treated accordingly.

Dr. ESSOR. I have nothing to say, I believe, except to express my approval of the paper read by Dr. Gray. There is one point, however, unless I misunderstood the Doctor, upon which I must differ from him. I understand him to say that softening is always the result of injury to the brain substance; that it always has for its starting point localized hæmorrhage, from whatever cause, forming a clot, around which softening begins. In this particular I think the paper can not be supported by facts. I think that while a clot or local hæmorrhage may, and doubtless often does serve as a nucleus for softening, yet the causes for this disease have a far wider range. Nay, more, I believe that cerebral hæmorrhage is more frequently the sequel than the cause of softening. We know that many persons fall down and die suddenly in a fit of apoplexy, or epilepsy, or palsy, and how often does the autopsy in such cases reveal a recent extravasation of blood, as a clot, and that too in the very locality where the softening has existed for a long time.

I regard imperfect brain nutrition, whether from some defect in the circulatory or digestive systems, one of the most fruitful causes of softening. The want of wholesome and nutritious food, especially when continued, as is usually the case, with living in a vitiated atmosphere for long periods of time, as too often falls to the lot of the poorer classes in our large cities, where they are huddled together like sheep in the shambles, year after year, with but little to eat, and constantly breathing an atmosphere that would almost stop a steam engine; the long continued excessive use of alcoholic stimulants, inflammation, congestion, prolonged hyperæmia or anæmia, overwork or excessive taxation of the brain, if long continued, must, I think, all be regarded as causes of brain softening. I have not the disposition nor the material at hand to go into any lengthy discussion of this subject. I think the paper a valuable one, and trust that it will be published in the *Journal* that we may all have the benefit of perusing it.

Dr. GUNDRY. I am glad that the Doctor has brought this matter of observing the temperature of the patient, so forcibly to our notice, though we may all differ as to the importance of the result

in certain given cases; but none of us who have employed it long will differ from the opinion that it is the best check in the hands of one who can always carry on the practice himself. Through all our course of treatment it is the most unerring guide to detect the accuracy of other observations, and I think should be employed largely in every institution in the country. You look over the series of observations, and I think you can say at once whether they have been marked by accuracy or inaccuracy, and your attention is called to the point which you look up and re-examine, and you at once verify or disprove the anomaly that may occur. It may be stated, where you have a low or an increased temperature, or any great increase of temperature, and have great increase of the pulse constantly, that you will have a dangerous case, a very dangerous case, or disorganization of the cerebrum. I think that is clear where there is in any way a great variation between the temperature and the circulation, no matter in what way, if the temperature runs up very high, and the circulation does not, or vice versa, in either case you have a very serious condition of affairs, and I think you will find pathologically you have a very serious case to treat, and it behooves you to watch very closely.

I can hardly agree with the Doctor in so exactly defining the mental condition arising from the change in the brain, although I think that is a step in the right direction. I doubt where you have a clot whether you have any mental symptoms, whether the real point is not in the depuration of the blood, where you have the cerebrum itself involved whether the case is not the other way. If the clot occur in the meninges, there you have a great variety of symptoms occurring, arising partly from the locality, but more particularly from the individual, from the essence, from the ego, made of the brain, the mind, the soul, etc. You cannot tell where one leaves off and the other begins. Now there must be something besides what we see in the structures of the brain, the quality of which, for want of a better word, I would designate as the fineness, which makes each of us different from another. It is the quality of the fineness, which makes the personality of man, and which lies at the bottom of all his mental actions, that must have something to do with the pathological condition involved, for I take it you can hardly define the line where the one begins and the other ends.

With regard to treatment, although I should arrive at it from quite an opposite direction, and in a very different manner, I very cordially concur with the Doctor. I think, in all these cases, as a

rule, stimulation is the point, but I must say that I have been guided in just the opposite way; the higher the temperature the more rapidly I have thrown in the stimulants, though I have lost cases where there has been high temperature, and you may expect to lose cases. I am not aware that I have lost more than others.

I can very well conceive how bleeding may occasionally seem to do good, simply from this fact, that bleeding has no other effect in any case than as a relief of extreme pain; that as an anodyne it will be useful, and when you bleed a person now-a-days, you will have to take good care to sustain him afterward, and to neutralize everything about the bleeding. I can very well understand how the bleeding may occasionally appear to do good, and I know from my little experience, that bleeding is quicker than opium, and is merely for the relief of pain, not including a few cases of pneumonia, where you can imagine the bleeding may act as a mechanical agent. I can conceive of no therapeutic influence tending to good in bleeding. I think the main therapeutic effect of bleeding in a man, is as a mere anodyne, inasmuch as it is difficult in these cases of apoplexy to tell whether it is a clot, whether it is simply impoverishment of the blood, or whether it is not a neuralgia, while the nerves are shrieking for more blood.

THE PRESIDENT. The time at which the Association resolved to adjourn has arrived. The Secretary, on behalf of the Committee on Business, desires to announce the order of business for the remainder of this day and to-morrow morning.

THE SECRETARY. The order of business for this afternoon is to visit the department for the insane of the Philadelphia Almshouse. The meeting in this room this evening will be for the purpose of hearing Dr. Ray's paper. Then for to-morrow morning, leave the Continental Hotel at 9 A. M. in omnibuses, and go directly to the department for males of the Pennsylvania Hospital for the Insane, and hold a meeting there at 10 A. M.

DR. KIRKBRIDE. I would say one word. It was intended, at the first meeting, to invite the members of the medical profession of Philadelphia, to attend our sessions. This either has not been understood, or has been omitted in the minutes. It would be well to have it understood as having been done, or intended to have been done yesterday.

On motion, the Association adjourned.

The members spent the afternoon in visiting the department for the insane of the Philadelphia Almshouse, under the conduct of Dr. Richardson.

The Association was called to order at 8 P. M. by the President.

Dr. Ray read a paper on Criminal Responsibility of the Insane.

An invitation was received from the Academy of Natural Sciences, to visit and examine the extensive collections in their room, which was accepted and referred to the Committee on Business.

On motion, the Association adjourned to 10 A. M. Thursday.

THURSDAY, June 15, 1876.

The Association was called to order at 11 A. M. by the President, at the department for males of the Pennsylvania Hospital for the Insane.

Dr. KIRKBRIDE. Before proceeding with our regular business, I wish to introduce to you a gentleman who is known by reputation to every one of us; one of the founders of this Association, its second Vice President, a man who by his long life of usefulness has endeared himself to every member of our specialty, and particularly to the people of the State of Ohio.

I introduce to you Dr. William M. Awl, of Columbus, Ohio. (Applause.)

There was something said the other day with reference to comparatively young members of the specialty as being living "Nesters," but I am now happy to say, here is a real live Nester. He is one that you may all honor as such. He has taken the trouble to come on to attend this meeting, and to visit our great Centennial Exposition, and I think has honored us as much as himself by doing so. I shall be very happy to introduce you personally to him on a future occasion.

The PRESIDENT. Dr. Awl, the Association will be very happy to hear any remarks you may be pleased to make to-day, in answer to your introduction, as well as in connection with the discussion that may take place.

Dr. W. M. AWL. To be thus recognized, my dear sir, is to one a matter of moment. I can scarcely tell what is best to be done, or what is best to be said. Mr. Rush, the Minister to Russia,

when he was in attendance at the Court of England, relates that the King on a certain occasion toasted the Duke of Wellington to his face, and the question was, as to the proper manner in which the Duke should receive it. It was decide by the Duke himself, who received it in dignified silence, when asked his reason for so doing [said, "Was it for one to bandy words with the King?" Well, it is certainly not for me to bandy words with the Association. But as I am not a King, but simply a Republican, and as I am not a military man at all, having never had anything to do with the military profession whatever, and do not want to have anything to do with it, and as I am surrounded by so much that impresses me strongly, and appeals to the strongest feelings of my nature, I can scarcely be quiet, I can scarcely find words to return to you, in a suitable manner, the thanks I owe you—the officers and all you gentlemen—who now represent this specialty in the great cause of human benevolence. I am satisfied that it is making great progress in our country. When I first commenced this matter, to which our friend Dr. Kirkbride has referred, we were but a handful of superintendents. Dr. Woodward, Dr. Bell, Dr. Butler, and Dr. Ray, who is now on my right hand, Dr. Kirkbride and myself, and a few others, got together in a volunteer effort to do something to promote this special cause of science and benevolence; and I feel happy to say that the thing has made great progress—great progress in a scientific and political world; that much more has been done now for the insane throughout the country, than we then dared to hope would be accomplished in the last forty years. We had to resort to a great many expedients in those early days. When I first went to Kentucky at that time, I found a man chained to the floor by the leg; I had him released; he was very happy. In that way we commenced the introduction of what we call the modern system of treatment—treatment of the insane by mild measures, as a general thing, that I understand is being still carried out with great success, and meeting with what is best of all, the profound approbation of the country. Institutions of benevolence of this character are now in existence in nearly every State of the Union, and they are doing a great work; and if they are not interfered with by untoward circumstances, especially by politics, they will probably go on with great success in the generation to come. The public mind is prepared to sustain these institutions largely and liberally, so long as they feel satisfied that the moneys which are appropriated, are applied to the causes for which they are intended.

If the public once gets it into their heads that the money is misapplied or extravagantly used, there will be an end to the public appropriation very speedily. I caution my brethren against anything of the kind. Let everything be done for the insane that is possible, and that is good for them, and let everything be done decently and in order. Let every prudent and proper facility be given to the public, to see in what manner the insane are cared for, and that the appropriations are properly expended, and my word for it, brethren, (and I call you brethren and delight to do so,) these institutions will be amply sustained in all our States; and the little trouble that now and then comes up, will be put down by the public press, and give a public sentiment which I earnestly hope and pray for.

I return you my sincere and profound thanks for the manner in which you have received me.

The PRESIDENT. The first business in order is the continuation of the discussion of the paper read yesterday by Dr. Gray. It has been suggested to the Chair that the members of the Association should be invited in a body to continue the discussion, and not individually, as is customary, the fear having been expressed that there would not be time for the Association to proceed in the usual way; and unless the Association so orders, the Chair will request any member who has any observations he wishes to submit in relation to the important paper read by Dr. Gray, that he will now submit them.

Dr. RANNEY. I was much interested in the able paper read by Dr. Gray, and shall be impatient till I can read it in print, but especially interested with regard to the infrequency of general softening of the brain. I have quite often heard the opinion expressed of cases placed under my care in hospitals, or about which I have been consulted outside of the Hospital, presenting some points, rendering diagnosis not quite easy, that they were cases of softening of the brain; while I believe with Dr. Gray that softening of a general character is a rare disease, I have met with two cases, however, in which softening was diagnosed during life, and verified by post mortem examination of the brain. One of the persons so afflicted was a mover of pianos, and the other of general furniture, and both had been accustomed to heavy strain in lifting, while pursuing their vocation. One symptom common to both of these cases was permanent flexion of sets of muscles, in one case flexing the forearm upon the arm, and the thighs upon the body. These symptoms I do not remember to have seen much noticed by authors I have read.

A MEMBER. How did it occur?

Dr. RANNEY. I think this symptom occurred early in the course of the disease, coincident with the first indications of mental impairment, which were a moderate degree of enfeeblement of mind and mental hebitude, occasionally varied by a mild delirium, and proceeding without other symptoms or incidents of importance till death ensued. The post mortem examination revealed the interior of the brain, and the greater part of the cerebral mass greatly softened in consistence, pultaceous, but in neither did we find, (one of the brains was examined by an experienced pathologist and skillful worker with the microscope,) embolism, thrombosis or evidence of hæmorrhage.

Dr. CURWEN. I want to say a word just at this places. If the Doctor will look into Abercrombie he will find that that symptom is marked, especially in reference to softening of the brain. He cites one or two cases of the same kind.

Dr. COMPTON. I think if he looks into Schroeder von der Kolk's book he will find the same thing laid down.

Dr. RANNEY. I am very glad to know that further testimony can be found upon that point. The first mentioned author I have not read, and the second not very carefully.

[NOTE.—Since the foregoing discussion took place, I find upon looking over the works treating of cerebral softening to which I have access, that more importance is given to permanent flexion of certain muscles or sets of muscles as a diagnostic symptom of general softening of the brain, than I remembered at the time. R.]

Dr. HARLOW. I would like to inquire of members if they have noticed softening of the brain in all cases of paresis.

Dr. RAY. I think I express not only my own, but the sentiment of the Association in thanking Dr. Gray for calling our attention to a class of cerebral affections which really have not had from us that degree of attention which they amply deserve. One, and probably the principal reason is, that in our specialty we have to deal chiefly with a form of cerebral disease that has not originated in any of these affections, and consequently we have been disposed to treat them with a degree of indifference. We ought certainly to make use of every possible opportunity to remedy our defects in this particular. The community is apt to consider that they who have medical charge of persons laboring under mental disease should know all about every other form of cerebral disease. We are called upon, not unfrequently, in one way or another, to pronounce opinions in reference to those other forms of cerebral dis-

orders, and it is very important that we make no mistake in diagnosis or prognosis; for an error of this kind might result very likely in much harm. Questions arising out of these lesions of the brain, in regard to which our opinion is requested, not unfrequently come up in courts of justice, and the duty of answering them can not well be avoided. In a suit at law in this city, not long since, the counsel on one side were disposed to make a point in favor of their client by alleging that he was laboring under softening of the brain, and several medical witnesses were put upon the stand and testified to that effect. It was obvious enough, however, to one well acquainted with that form of disease that there was no softening in the case, and the result showed that this opinion was correct. That phrase "softening of the brain" is probably one of the most abused terms in all our nomenclature, having served, and still serving, among general practitioners, if not among ourselves, as a sort of *omnium gatherum* of all sorts of cerebral affections. Now we know, if we know anything about the pathological anatomy of the brain, that softening is rather a rare form of cerebral lesion; that among the post mortems which we make in our Hospitals it is one of the rarest things to find that sort of lesion described by writers of authority as proper softening. This common misapprehension of the true nature of that affection is certainly surprising, considering that it is so accurately and circumstantially described in some of our leading books. I am not aware that the cerebral lesion on which general paralysis depends has been attributed to softening by observers of any authority, at any rate, I have never observed it myself. In fact we may have almost any other lesion rather than that. What the pathological condition is, exactly essential to general paralysis, we as yet, I apprehend, know very little about. The scalpel has done its perfect work, and it is now to the microscope, under the guidance of such observers as Drs. Gray and Kempster, that we are to look for light upon this subject, while I am unable to subscribe to the exact and absolute truth of everything that Dr. Gray has said, it is not because of any positive evidence to the contrary, but because my own experience does not go to that extent. I think he is correct in the idea that most cerebral affections originate in lesions comparatively local and circumscribed. Still in these very acute forms of cerebral disease which pass under the name of acute delirious mania, attended with high maniacal excitement I apprehend that after death most of them certainly would show nothing more than general congestion without definite or special local lesions. The therapeutics which

Dr. Gray announced, I suppose will be approved by all of us. Few, I imagine, will be disposed to differ from him in his opinion of the insufficiency or impropriety of depletion, even in those forms of cerebral lesion which look the most formidable, and which, forty or fifty years ago, seemed most imperatively to demand it. Still, I think, we should be careful not to make the rule absolute. In cases of threatened congestion and of some of these forms of disease which pass under the name of apoplexy, we may sometime prevent farther mischief by seasonable depletion, either local or general, carried to a judicious extent. The main point, I apprehend, is to use it seasonably, for the time will speedily pass when it can be of any advantage.

DR. GRAY. I would like to add a word in regard to softening in connection with paresis. The remark that I made was that paresis was often denominated by physicians softening of the brain. It is true that in the advanced stage of paresis there is often very extensive degeneration or breaking down, but the particular remark, to which he referred, that I made, was, that it was not at all uncommon with ordinary practitioners to designate all cases of paresis as cases of softening. In regard to the other point to which Dr. Ray refers, of the initiatory stage of most cerebral diseases I did use the word *most*, with a view of not embracing all, as Dr. Ray has suggested was probably my intention. I have no doubt there are cases of insanity that commence with involvement of the entire meninges, and other cases that commence in an involvement of the circulatory apparatus of the whole brain to such an extent that it may well be called a congestion; and those cases progress with very violent symptoms—such cases as were designated at one time by Dr. Bell, as Bell's disease, are the ones to which I refer. I remember a paper by Dr. Ray, upon that class of cases, years ago. I have no doubt that they commenced in that general and universal manner, and as a general rule, they died even in a very brief period. In each case an autopsy showed the universal involvement of the meninges and the brain tissue, but I think it is true, as a general thing, that the disease commences in circumscribed areas.

Not very long ago we had a case of that character, where the symptoms were very acute, and the person ran down with great rapidity, and died in a few days. Many of the symptoms seemed to be those of blood poisoning, as you will see in typhus, and he rapidly passed into a very marked typhoid condition. An examination of the blood immediately after death, that was contained in the vessels and in the heart, revealed the fact that it was filled with bacteria;

the whole mass was in the same condition. That was not the only case in which we had thought of examining the blood immediately after death, but the only one in which micrococci were found. The starting point was a partially softened thrombus in the left pulmonary vein, showing that the bacteria were introduced through the respiratory passages.

Dr. WALLACE. Mr. President, as I have not heard an answer to the doctor's question, I would ask Dr. Gray if sclerosis of the brain is not much more common in diseases of the brain, than softening?

Dr. GRAY. Sclerosis is essentially connected with paresis. There is distributed softening often in paresis from the repeated hemorrhages, but these hemorrhages are announced usually by the slight epileptiform seizures. Many cases of paresis die finally from apoplectic congestion or hemorrhage, but softening is not an essential condition, it is only one of the occasional incidents in connection with the progress of the disease.

There are portions of the brain atrophied in paresis. The French consider that it is mainly a peri-encephalitis, that the whole surface of the brain is in a state of peculiar chronic inflammation, as Dr. Ray has very properly stated. The real pathology of paresis is something that we do not know as much about as we might. It is a difficult subject to follow up, from the fact that we only get the advantage of a post mortem, after a series of consecutive degenerative processes. It is not fair to infer from a list of them certainly, what tissues they commence in, or extend to, but the result is death.

Dr. KEMPSTER. Mr. President, Dr. Gray's remarks relative to the case in which bacteria were found in the blood of an insane person immediately after death, attracted my attention as I have had quite recently a similar experience. Shortly before leaving home to attend this meeting I made a microscopic examination of the cerebral tissue of an insane person who had been dead but a few hours, the blood squeezed out of the cerebral vessels was filled with bacteria, having two and some of them three joints, blood from the vessels of the heart also contained bacteria. I am unable to explain the presence of these objects so soon after death. The causation of localized brain softening and its pathology is a subject that has interested me. I wish to speak of one point which Dr. Gray has called attention to, and which he recognizes as an important element in the pathology of local softening. Some years ago a French physician, (Charcot,) called attention to

"Miliary Aneurisms," which he had found in cases of cerebral hæmorrhage, these aneurisms being found on the smaller cerebral vessels. In every case of localized softening, (thirteen I think,) that I have examined, I have found the remains of a ruptured miliary aneurism in the softened spot. The softened material is first removed by allowing a stream of water to pass over the surface of the tissue, it is then placed under a low power, and, as before stated, I have found the ruptured sac of a miliary aneurism in each case thus examined. The disintegration or softening appears to depend upon rupture of the aneurism, for it is not an infrequent occurrence to find miliary aneurisms in the brain tissue without any change in the structure of the adjacent tissue, other than the discoloration which almost always appears about a miliary aneurism. Miliary aneurisms are often found on the surface of the convolutions. On removing the pia mater, portions of the margins of a convolution sometimes adhere to the membrane, and the convolution appears as though a rat had gnawed it; by carefully examining the tissue adhering to the membrane, I have found in it a ruptured sac, and consequent softening of the brain tissue; this rat-gnawed appearance is not always due to ruptured miliary aneurisms, being sometimes due to inflammatory states. These aneurisms are liable to be overlooked in an examination made without the aid of a lens, but they can be easily discovered with an ordinary pocket lens, their usual size being about one forty-fifth of an inch in diameter, sometimes larger and sometimes smaller. The softened spots are also quite minute, in certain cases not exceeding two, three or four times the diameter of the aneurism. When the brain has been subjected to the process of hardening, necessary to prepare it for further examination, and thin sections of the tissue are made, they sometimes contain several openings, upon the margins of which portions of the aneurismal sac can be seen with some of the debris of disorganized tissue, but it is always best to look for miliary aneurisms in the fresh tissue. I think that whenever we find softened brain tissue, particularly if the softening is limited in extent, the pathological state may be determined, or rather the cause of the softening may be determined, by carefully searching for a ruptured aneurismal sac. In all cases of brain softening we should always look for miliary aneurisms. The case to which I alluded, when speaking of bacteria was a case of general softening of the brain; he presented during life the symptoms alluded to by Dr. Ranney, that is, the muscles of the arms were contracted. The brain was extremely soft, almost fluid, and in ex-

amining for miliary aneurisms, I found them in large numbers upon the floors of the lateral ventricles, and indeed throughout the whole of the brain tissue, with the exception, that they did not appear so numerous upon the surface of the convolutions. In this case the disorganization of tissue was so great that specimens placed under the microscope presented but few of the characteristics of brain tissue. When the debris was removed from a part of the brain, by placing it in a bowl and covering it with water, then gently rocking the bowl to and fro, putting on more water and repeating the rocking process until the soft part was removed, miliary aneurisms and ruptured sacs were found in large numbers. Another point relative to local softening. There are certain cases of softening produced by plugging of the capillaries, thus depriving the portions of the brain tissue beyond the plug of its nutrition and causing disintegration of the cerebral tissue and consequent softening. I have observed this condition most frequently in patients who had been debilitated and anæmic; the plug is formed by the adhesion of white blood corpuscles which are carried onward by the current until they enter the capillaries: they may be found usually at the point where the vessel branches, firmly wedged into the vessel, sometimes occluding one branch only, and sometimes occluding all the branches. The plug at this place forms a nidus around which the tissue sometimes softens, and the plug preventing the flow of blood to parts beyond, of course, prevents them from obtaining the nourishment necessary for the healthy action of the brain, and we find local softening of the parts supplied by the capillary, although there may be no extravasation of blood. In the softened mass the shrunken capillary is sometimes found; it then looks like a shred of connective tissue, but may be easily distinguished from it. These points may be familiar to the members of this Association, but as they are not mentioned in Dr. Gray's paper, it occurred to me that it might be well to mention them, as sometimes, explaining the cause of local softening.

Dr. KILBOURNE. I would like to ask Dr. Kempster with regard to his observations upon brain tissues, and especially in regard to that particular pathological change which he terms miliary aneurism, whether it may not result entirely from embolic stoppage, from the plugs themselves, or whether in other words, the embolic matter stopping the circulation, may not produce that amount of degeneration and weakening of the muscular tissues of the vessels sufficient to cause dilatation of the same, and be readily

"Miliary Aneurisms," which he had found in cases of cerebral hæmorrhage, these aneurisms being found on the smaller cerebral vessels. In every case of localized softening, (thirteen I think,) that I have examined, I have found the remains of a ruptured miliary aneurism in the softened spot. The softened material is first removed by allowing a stream of water to pass over the surface of the tissue, it is then placed under a low power, and, as before stated, I have found the ruptured sac of a miliary aneurism in each case thus examined. The disintegration or softening appears to depend upon rupture of the aneurism, for it is not an infrequent occurrence to find miliary aneurisms in the brain tissue without any change in the structure of the adjacent tissue, other than the discoloration which almost always appears about a miliary aneurism. Miliary aneurisms are often found on the surface of the convolutions. On removing the pia mater, portions of the margins of a convolution sometimes adhere to the membrane, and the convolution appears as though a rat had gnawed it; by carefully examining the tissue adhering to the membrane, I have found in it a ruptured sac, and consequent softening of the brain tissue; this rat-gnawed appearance is not always due to ruptured miliary aneurisms, being sometimes due to inflammatory states. These aneurisms are liable to be overlooked in an examination made without the aid of a lens, but they can be easily discovered with an ordinary pocket lens, their usual size being about one forty-fifth of an inch in diameter, sometimes larger and sometimes smaller. The softened spots are also quite minute, in certain cases not exceeding two, three or four times the diameter of the aneurism. When the brain has been subjected to the process of hardening, necessary to prepare it for further examination, and thin sections of the tissue are made, they sometimes contain several openings, upon the margins of which portions of the aneurismal sac can be seen with some of the debris of disorganized tissue, but it is always best to look for miliary aneurisms in the fresh tissue. I think that whenever we find softened brain tissue, particularly if the softening is limited in extent, the pathological state may be determined, or rather the cause of the softening may be determined, by carefully searching for a ruptured aneurismal sac. In all cases of brain softening we should always look for miliary aneurisms. The case to which I alluded, when speaking of bacteria was a case of general softening of the brain; he presented during life the symptoms alluded to by Dr. Ranney, that is, the muscles of the arms were contracted. The brain was extremely soft, almost fluid, and in ex-

amining for miliary aneurisms, I found them in large numbers upon the floors of the lateral ventricles, and indeed throughout the whole of the brain tissue, with the exception, that they did not appear so numerous upon the surface of the convolutions. In this case the disorganization of tissue was so great that specimens placed under the microscope presented but few of the characteristics of brain tissue. When the debris was removed from a part of the brain, by placing it in a bowl and covering it with water, then gently rocking the bowl to and fro, putting on more water and repeating the rocking process until the soft part was removed, miliary aneurisms and ruptured sacs were found in large numbers. Another point relative to local softening. There are certain cases of softening produced by plugging of the capillaries, thus depriving the portions of the brain tissue beyond the plug of its nutrition and causing disintegration of the cerebral tissue and consequent softening. I have observed this condition most frequently in patients who had been debilitated and anæmic; the plug is formed by the adhesion of white blood corpuscles which are carried onward by the current until they enter the capillaries: they may be found usually at the point where the vessel branches, firmly wedged into the vessel, sometimes occluding one branch only, and sometimes occluding all the branches. The plug at this place forms a nidus around which the tissue sometimes softens, and the plug preventing the flow of blood to parts beyond, of course, prevents them from obtaining the nourishment necessary for the healthy action of the brain, and we find local softening of the parts supplied by the capillary, although there may be no extravasation of blood. In the softened mass the shrunken capillary is sometimes found; it then looks like a shred of connective tissue, but may be easily distinguished from it. These points may be familiar to the members of this Association, but as they are not mentioned in Dr. Gray's paper, it occurred to me that it might be well to mention them, as sometimes, explaining the cause of local softening.

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mistaken for aneurismal phenomena? I am not unaware of the presence of miliary aneurisms in many portions of the body, and presume there is scarcely an intelligent post mortem made where miliary aneurisms or infarctions may not be discovered in either the liver, kidneys, intestines or lungs—indeed their presence is more commonly observed than otherwise—yet the tone of these organs often remains unimpaired. They are to be seen also in the brain, spinal cord, or their investments, and in given tracts doubtless are responsible for the impairment of its healthy operations. It can not be denied, however, that there are lesions of the brain, seemingly of much more serious import—a tumor, for example, as large as an orange, pressing back the anterior lobes of the brain to the extent of its accommodation—and yet followed by no mental perturbation, or loss of any of the faculties of the mind whatever. This I have personal knowledge of, as an autopsic revelation, startling as it is real: the previous history being well known to me also.

The records of extensive injuries of the brain, followed by more or less complete reparation are numerous, and doubtless familiar to all.

In an interesting article by Dr. Gray, in the last number of the *JOURNAL OF INSANITY*, on the "Reparation of Brain Tissue after Injury," several striking cases were given, demonstrating the power to completely restore loss of structure in that organ, which included, of course, not alone the nerve elements, but the neuroglia, or connective tissue of the brain and its circulatory apparatus.

Since then the brain, or certain parts of it, is capable of recovering its integrity when so deeply wounded, is it not an interesting question to determine how far, or to what extent these miliary lesions may extend, without producing permanent impairment of this organ—to what degree, too, they are responsible even in temporary perversion of its functions?

I was very happy to listen to a portion of the valuable paper of Dr. Gray, and to the remarks of others who have made microscopical research in this important field of inquiry, and I hope these investigations will be continued until more light is thrown upon this obscure subject, and will be prosecuted too, with that clinical exactness and regard for truth, that will enable us ere long, to entertain clearer views as to the real nature and true pathology of mental disease.

Dr. GUNDRY. I wish to ask a question of Dr. Kempster, as I think it was Dr. Kempster, or Dr. Gray, or both, who alluded to

cases of softening. Did I understand them correctly, to say, that in cases of general softening, bacteria were found in the blood? I wish also to ask whether they found bacteria in other forms of disease, cerebral or otherwise.

Dr. GRAY. I did not mention it in connection with softening, but in a case of acute mania known as "Bell's disease."

Dr. KEMPSTER. I alluded to the fact of bacteria being found in connection with a case of softening.

The PRESIDENT. How often have they been found?

Dr. KEMPSTER. It is not unusual to find them in the tissues during warm weather, from sixteen to twenty hours after death, and after a somewhat longer period of time has elapsed, in cold weather. I can not say how often they are found. It was the early appearance of these objects mentioned, that attracted my attention.

Dr. GUNDY. You said in post mortem?

Dr. KEMPSTER. In the other cases spoken of, they were not found immediately.

Dr. A. E. MACDONALD. The Institution under my charge, from its nature and from the fact that so few patients are claimed after death by their friends, has given us an opportunity of making a large number of autopsies; and among them we have found a great many cases of so-called softening of the brain, or paresis. To answer in a general way the questions which the gentlemen have asked, I may say that the point in these autopsies which has particularly impressed itself upon me, has been the diversity of the pathological conditions found. Cases manifesting almost analogous symptoms, and terminating at apparently about the same stage, would after death show an entire difference in the lesions. As to the question whether or not softening of the brain is characteristic of, or ordinarily found in cases of general paresis, I may say that my experience is, that more commonly the opposite condition is found, especially if the autopsy of the patient be had during the first or second stage. In the third stage, as Dr. Ray has said, after epileptic seizures have been numerous, we may sometimes find considerable softening, but prior to that time, I think the opposite condition is more frequent.

Dr. GRAY. I would like to ask Dr. Ray some questions. The remarks of Dr. Ray were very important indeed, with reference to our familiarizing ourselves with these cerebral conditions, and I would like to ask him whether in his large experience, in connection with the disposition of property, and other cases where he

has had the opportunity to go upon the stand as an expert, and give expert opinions, whether he has not found his knowledge of these cerebral conditions a very important element in connection with determining such cases?

Dr. RAY. In the class of cases alluded to by Dr. Gray, some knowledge of these pathological lesions may be reasonably expected of the expert. As a matter of fact, however, I may say that the question of mental soundness or capacity is very seldom determined in our courts by the physical condition of the brain, but rather, mostly if not entirely, on those things which involve an expression of mental condition. It is what the patient did and said, how he acted and how he did not act, under certain circumstances which determines the final decision. A great deal of pathological knowledge, I admit, has sometimes been squandered on questions of this kind. On one occasion one of the experts embodied his opinion in a pretty large volume in which the whole subject of the pathological anatomy of the brain was discussed. But I imagine it had very little influence on the decision of the court, although very satisfactory to persons professionally interested in the subject.

Dr. GRAY. The particular point of my question was this, whether the judgment of the expert was not influenced in giving the opinion, and in interpreting the peculiar conduct of the individual by the probable condition of the brain?

Dr. RAY. Unquestionably the existence of pathological lesions would furnish corroborative proof of conclusions drawn from the conduct and conversation of the party.

Dr. BALDWIN. A case came under my observation, exhibiting to an extraordinary degree, a destruction of brain substance, a negro man receiving a blow upon the nose, in a drunken frolic. When I arrived the hæmorrhage had stopped, and supposing it a trifling affair, I went away. The next morning I was surprised to hear of his death. I was then summoned to make a post mortem. In removing the brain we found the whole anterior left lobe of the cerebrum in a state of softening, and also a spicula of bone, fully an inch and a half long, and about the size of an ordinary sewing needle, coming from the frontal bone, about the middle of the inner surface of the left superciliary ridge, and still attached, and projecting into the brain substance. Upon inquiry I learned that nearly a year previously he had received a kick from a colt upon the fair grounds, which doubtless inflicted this injury. In the course of the examination we found a fissure or slight crack in the

ethmoidal plate, and a small clot of blood evidently the result of the blow upon the nose. The opinion I gave, was that the latter undoubtedly was the immediate cause of death, but what would have been the result in a sound and healthy condition of brain, I was not prepared to say.

Dr. CALLENDER. I was deeply interested in Dr. Gray's paper read yesterday, touching, as it did, a subject of great and increasing importance, indeed an indispensable branch of inquiry to alienists. We are frequently called to give opinions as to the mental lesions and disorders accompanying these demonstrable cerebral injuries and lesions. I am now under subpoena to give testimony as to the sanity and capacity of a person to devise property, the chief feature of whose case is extreme deafness, dependent on the failure of the auditory centers, and a point to be urged is whether that condition could exist for a long time without necessarily involving other lesions tending to impair the mental integrity. Dr. Ray has justly remarked on the character of the irrelevant matter that lawyers so often introduce into medico-legal cases touching insanity, but much of this can be promptly and positively eliminated from the investigation by the witness in many of these cases, if he is prepared to thoroughly trace the interdependence of the physical and mental lesions presented.

Dr. Gray's able paper also brings to mind a recent case coming under my notice in which I was consulted as an expert by the physician in charge, and I will briefly narrate it in order to elicit an opinion from Dr. Gray and others. The salient points were these. A gentleman, sixty-four or five years of age, in April last, without previous observable symptoms, was seized with amnesic aphasia. Concurrent with this, there was some trivial erratic behavior, accompanied by a certain degree of mental confusion and general failure of memory. The latter, however, were slight, though sufficient to arrest the notice of intimate friends. The aphasic symptoms were distinct, and have continued. The patient had enjoyed excellent health, but, under observation, exhibited after the attack the general symptoms and appearance of cerebral anæmia. There were no ataxic features accompanying the speech, but simply the inability to remember and command a word or words, to communicate the simplest answer to questions propounded or to convey ideas. A few days after the seizure, there was, once or twice, nocturnal incontinence of urine, and a slight tingling and formication in the fingers of one hand, and once or more some vertigo. He digested well and slept well, and was ordinarily cheerful, and

maintained that there was little the matter with him, but contrary to life-long habit, was passively indifferent to his business and affairs. There was no disturbance in the heart's action after the first few days, when the pulse ranged between ninety and one hundred, or organic or functional disorder in that viscus, and there was no hemiplegic symptoms. So he has continued to the present time.

This patient for forty years had led a temperate, exemplary and most methodical life, was diligently attentive to a large and successful mercantile business, had accumulated a large fortune, and was wholly engrossed in its management to the exclusion in great part of the performance of many of the ordinary amenities and customs of social intercourse. The various enterprises in which he was interested habitually absorbed almost his entire thought and attention, and he made himself their master in every detail. At the time of his seizure, there was pending in court a suit in which his estate was involved to the amount of several hundred thousand dollars, the result of which, of course was one of more or less uncertainty, and in regard to which he was anxiously solicitous. It was, perhaps, the only event of his life of that character that had ever given him serious uneasiness of mind, and upon this from his customary isolated mode of life, he had, doubtless, brooded. In this connection it is proper to remark that a brother of the patient was of the same temperament and character, unmarried and of eccentric habits, and under business complications and reverses, became more so, and ultimately sunk into general paralysis of which he died. The opinion arrived at was, that under the exacting strains of a large and varied business, long continued and intensified by the brooding anxiety of the law suit mentioned, there had occurred a thrombosis or embolism of the left middle cerebral artery, deranging the dependent circulation in the left anterior lobe, especially in the region of the third frontal convolution and the island of Reil, impairing the due nutrition of these parts and probably to eventuate in softening more or less diffused, unless the vascular difficulty was relieved, with a succession of ataxic symptoms in the organs of speech and general tendencies to hemiplegia of the right side. From the absence of heart symptoms and causes which would most likely produce embolism, a thrombosis or limited cerebral hamorrhage in the region, was thought to be the actual condition. The prognosis was grave and unfavorable to final recovery, and the age of the patient and the constitutional tendency alluded to, contributed to that view. It was my opinion

that the symptoms would gradually progress, developing lesions of the motor system of the right side, with mental decay. I would be pleased to hear remarks from Dr. Gray and others on this case.

Dr. GRAY. There is no doubt that such a sudden and profound impression and continuing for such a length of time could not be the result simply of debility or an anemic condition, but must be the result of some absolute lesion, either in the form, as was suggested, of thrombosis or of hæmorrhage; but where there is actual hæmorrhage there is usually, though it may be very brief, a temporary paralysis. I can recollect instances which have come under my own observation within the Institution, and out of it, where the post mortem examination proved that there had been hæmorrhage, in which there was not observed at the time, even a temporary or brief paralysis. In most cases, however, a more or less prolonged paralytic condition of some part anatomically related to the point of lesion occurs. As to the prognosis I have no doubt of its being unfavorable from the nature of the case.

We had in our State a distinguished minister, one of the most eloquent in the State, a man of good physical vigor, great powers of endurance for labor, who came a few years ago to Philadelphia to attend an important association of the church, and while preaching, and near the close of the sermon he felt, as he afterwards said to me on returning home, a sensation of intense pressure in his head for a few minutes. He hurried through and as he sat down felt some little discharge upon the lips and found it was blood. He had then a most profuse hæmorrhage from the nose that so exhausted him, he called in a physician in the city, who after a great many efforts finally plugged up the posterior nares and arrested the hæmorrhage. After he came home he suffered a great deal from headache. He thought he had removed the plug, but upon examining him it still remained and was removed. He had several subsequent hæmorrhages but continued his work. In his sermon on the sabbath some few weeks afterwards, it was observed by some of the congregation that he hesitated for words in his final prayer. He was remonstrated with after the sermon by one of my assistants, who was a member of the church, who told him that he ought not to preach in the evening, and that he, the Doctor, had observed the hesitation in his speech. However, he did preach that evening, and there was still more marked difficulty in the use of words at times. On the following Wednesday he went home after a long day's work, and after completing some very labored reports he was

writing. He got home between ten and eleven o'clock at night. His two sons, one of whom was a lawyer, had just retired, and he rallied them for not waiting until he got home—and upon their youth for retiring so early. He went to bed, and passed at once into a profound sleep, a sleep that awoke his wife by the snoring, and she found him unconscious. He remained in that state of unconsciousness until the next day at about noon, but he never talked after that. There was no specific paralysis at any point, but he was universally prostrated; there was also excessive muscular prostration, as during all that time he moved no muscles, except those that were necessary for carrying on the organic functions, and he never afterwards, to the time of his death, several years subsequently, was able to speak a connected sentence. I saw him often, but although he could read, could pronounce the words with a book before him, the moment it was removed, he was unable to utter even one phrase, or one line of a hymn, without his eyes on it. For a number of months he recognized the fact that he was not saying what he intended to say.

Finally he lost the power of recognizing that, and could not tell whether he was talking sense or nonsense. Now and then he would designate in an extraordinary way what he wanted to say. For instance, coming to see me about a headache; he could not tell me he had a headache, but said, "I have tightness, a great tightness." I could not tell what that meant. Then, after a while, he said, "you know the frigid." "No," said I. "Do you mean you have a headache?" "Yes," he said. He could not repeat it afterwards. He could not say, "Please hand me my hat." He could not ask for a drink of water. He always used some other word than the one he wished to use. In that case deterioration progressed until he had all the marks, before death, of profound mental failure and the evidences of gradual softening. I have no doubt in that case it commenced in a number of thrombi.

Dr. NICHOLS. Before the paper is laid on the table, I desire to submit a remark or two upon two points considered in this valuable discussion. First, in relation to general bleeding in insanity. I have no fear that a gentleman of Dr. Baldwin's caution and sound judgment, is likely to bleed to excess; and from some personal knowledge of the large, strong people of the rich and healthy Piedmont country, in which he resides, I believe that their diseases are of a more sthenic, inflammatory character, than those of the average population of the country, and that they will bear blood-

letting better. Indeed I do not doubt that venesection is oftener indicated among his patients, than it is among the patients treated by most of the other members of the Association, and yet I feel bound to say that I should regard the revival of the practice of frequent bleeding of the insane as a decided retrograde movement, calculated to increase the number of incurables. We, as are the men of all other callings, are apt to go from one extreme to another, and perhaps we have in the last twenty-five or thirty years resorted to blood-letting less frequently than we might have usefully done. It seems to me that the local abstraction of blood might be resorted to more frequently in the treatment of the insane, than the most of us are in the habit of doing, that perhaps we should oftener arrest inflammatory conditions that run into organic lesions, did we resort to cups and leeches more frequently than I suppose we do. In most instances, even in the best constitutions in which the pulse and face give evidence of a strong congestion or inflammatory tendency, I think the abstraction of blood from the nape and temples, and warm baths quite as likely to relieve the patient as general bleeding, while it leaves him in a much better condition to struggle with whatever disease is set up. In most cases of moderate congestion, or heat of the head, cold applications to the scalp, and hot pediluvia are quite effective in affording relief. Second, in regard to the prevalence of softening of the brain, I think the late Dr. Luther V. Bell was the first to call attention to the fact that softening of the brain was much less prevalent than the profession then supposed it to be. The general professional mind is still much imbued with the idea that both sudden and chronic fatuity are due to softening of the brain. I remember one observation of Dr. Bell which I have not myself been able to verify, as a uniform diagnostic symptom, but will refer to it. He once told me that in incipient softening, in cases whose termination showed that they were cases of genuine *ramollissement du cerveau*, *ab initio*, he usually found contraction of the flexor muscles of one or both thumbs with inversion of the thumbs into the palms of the hands, that in doubtful cases, when softening was suspected, his diagnosis turned upon the presence or absence of the phenomenon. I suggest that it be made a point to look for this symptom in the cases of softening, that come under our notice. Unless other observations are submitted upon Dr. Gray's paper, it will now lie on the table.

Dr. BALDWIN. Before you close I would like to make a remark on the subject of depletion.

I hope the Association will not think that I am an advocate of depletion as a general thing. What I remarked was that in exceptional cases, in which there were most pronounced head symptoms, with a bold, strong, apoplectic pulse, then we might bleed. This was the point to which I had reference. The majority of the cases which come into the Asylum, we find, require building up. We address ourselves of course, to constitutional treatment, and give them just such treatment as we think will put them into the best physical condition to overcome their mental disease. The cases which I had cited were exceptional. But the point on which I wished to be informed by Dr. Gray, is simply this—when we are called to a case of apprehended apoplexy, or of apoplectic convulsion, with a strong apoplectic pulse, is not bleeding justifiable in such a case? That is the point.

The PRESIDENT. It is the impression of the chair that Dr. Baldwin was not misunderstood, and that his course in these cases would be justified by the profession.

Dr. KIRKBRIDE. Mr. President, the time has about arrived when Dr. Jones, in immediate charge of this department, proposes asking the members to accompany him through the different parts of this house. When that is done, lunch will be ready for the members; afterwards at about half past three, we propose going to the department for females. I am asked also to state that Dr. Worthington has made arrangements for taking the members, and the ladies accompanying them, to the Friend's Asylum to-morrow morning. Omnibuses will be at the Continental Hotel, to-morrow morning at nine o'clock, going directly to the Asylum, and in returning, the members will be taken, either to the Reading Railroad, which runs directly to the Centennial Grounds, or to the Continental, as they may prefer. They will leave the Asylum at about 2 P. M. It is understood there will be a meeting at the Asylum, as there has been this morning.

The PRESIDENT. It is not understood that there will be a meeting at the department for females this afternoon?

Dr. KIRKBRIDE. If there is time there will be no objection. I do not think there will be much time for a meeting this afternoon however. If there is found to be time we have every facility there for accomodating the Association. I shall, at the proper time, move that when we adjourn, we adjourn to meet at the Friend's Asylum, to-morrow morning at 11 A. M.

After a statement by the Secretary relative to the necessity of promptness on the part of the members in

returning their revised remarks to him, and after some discussion it was, on motion of Dr. Kirkbride.

Resolved, That the proceedings of the Association be published in the July number of the *AMERICAN JOURNAL OF INSANITY*, and that the Secretary be requested to have the proceedings prepared from the reporter's notes, unless the members return their remarks to him within ten days after they receive them.

The Committee to report delegates to the International Medical Congress, to meet in Philadelphia, on September 4, 1876, made the following report:

Thomas S. Kirkbride, M. D., Isaac Ray, M. D., John Curwen, M. D., Clement A. Walker, M. D., Pliny Earle, M. D., John P. Gray, M. D.,* D. Tilden Brown, M. D., H. A. Buttolph, M. D., Orpheus Everts, M. D., Charles H. Nichols, M. D., Walter Kempster, M. D., Charles H. Hughes, M. D., H. F. Carriel, M. D., J. H. Callender, M. D., W. S. Chipley, M. D., James Rodman, M. D., Eugene Grissom, M. D., C. K. Bartlett, M. D., A. M. Shew, M. D., James R. DeWolf, M. D.

On motion the Association adjourned to meet at the department for females, at 5 P. M.

The Association then passed through the wards of the department for males, and after lunch, through the wards of the department for females and was called to order at 5 P. M. by the President. Dr. Kirkbride introduced Miss D. L. Dix to the members of the Association.

The Committee on time and place reported in favor of St. Louis, Missouri, and the last Tuesday in May, 1877, which was unanimously adopted.

The report of the Committee on delegates to the International Medical Congress, was then read and adopted. The Association then took up the paper of Dr. Ray for discussion.

* Dr. D. H. Kitchen subsequently acted as delegate Dr. Gray having resigned.

Dr. KIRKBRIDE. Mr. President, while I intend to make few remarks myself, I hope that this most important paper will not be allowed to be passed over without some suggestions. The subject is certainly one of the most important that has been before us. The criminality of the insane is deserving of the most earnest consideration.

Dr. Ray has stated most truly that the members of the legal profession should study insanity as physicians do. He might have gone much further and said that physicians generally should study insanity as though they were going to be superintendents of hospitals for the insane. Physicians generally acknowledge their want of familiarity with the disease, particularly where a person accused of crime makes the plea of insanity. It is not simply physicians in general practice who do this, but we ourselves frequently show our weakness, when brought before a court of justice. This whole subject shows the importance of lectures on insanity, and on the medical jurisprudence of insanity being introduced into every medical school in this country. We can never expect any very great improvement in the profession, until insanity is taught in our medical schools. It certainly is as important as many of the branches which are treated at length and there should be regular professors in all our medical schools. In this city there have been lectures delivered on the subject by the very distinguished author of the paper before us, and by others in the schools of New York and Boston, but this has been secondary entirely to the regular course. There have been no examinations on the subject and the whole matter has been treated as though it was of no great importance. I merely rose to urge upon all our members the importance of using their influence to have regular courses of lectures on insanity and mental jurisprudence, connected with insanity, in every medical college in the land. I trust the members who have thought on the subject will express their views freely before the subject passes from our notice. I would call upon Dr. Gray.

Dr. GRAY. Mr. President and Gentlemen, as Dr. Kirkbride has suggested probably no more important subject could be brought to our attention. Dr. Ray, in his paper, has exhausted this, as he usually does any subject upon which he thinks and writes. However, he suggests if I understand him, but few remedies, if any, to remove the difficulties that seem in his view, to lie between the courts and the medical profession. One remedy I would suggest, that is, to bring the courts and physicians nearer together, with a view of obtaining a better appreciation of the real points at issue.

When a man is arraigned and put on trial for a crime, and a plea of insanity interposed as a defence, Dr. Ray proposes as a remedy, that we should have more intelligent jurors. However, without a fundamental change in the law how would it be possible to bring about such a result? In special cases, now, the court may order a select jury, but this is not done in criminal cases and indeed could hardly be accomplished, as every man is the peer of every other man; and jurors are drawn according to certain principles of law, of general application, which recognize the ability of all men to set upon any subject brought within the sphere of a court. Out of this panel the twelve men are selected, and days are often consumed in this process. I doubt whether we can expect any change in this direction. Now Dr. Ray also claims that a jury is an incompetent body to decide such a question, which no one can contradict; also, that the courts were inclined to look upon the whole subject of insanity in the light of law which did not really recognize medical science in any proper way. The expert, standing as he does now, is merely an interpreter of certain facts and phenomena presented to his judgment and his opinion must be submitted under certain rules of evidence. That it is difficult always to get at the real facts of the case, may be true, nevertheless we must look to the courts in this class of cases, as in all others, for the application of such rules of evidence as will bring out the facts, and present the person on trial, as irresponsible if insane, or guilty if the plea is a mere pretense. In regard to juries, if we look into the history of trials, for the last few years, we find, as Dr. Ray has said, that there has been a change in public sentiment. We find it, however, in this direction, that juries are much more liable to acquit the guilty than condemn the innocent.

It is important for the public interest, and the cause of justice, as well as for humanity and science, that this side of the question should be as distinctly presented as the other. If there is this danger, as experience shows, then, any measures tending to reach this difficulty, or defect in the administration of law should be hailed with satisfaction. Any measures that will tend to place experts in a proper relation to such cases, as independent and unpredjudiced interpreters of facts, will place them in a different light from what they are generally believed to occupy now. Indeed they are now quite likely to be looked upon as mere tools to shield the guilty, or as witnesses for the party who employs them. While experts have no responsibility as to the *consequences* of their opinions, they should be as loyal to science, as a court

should be to law. For myself I should not fear the courts, however exacting they may be in the applications of the rules of evidence. I can not but believe, that if all such cases were entirely in the hands of courts, it would be better than trials by any jury, however intelligent, and that the result would be much more in accordance with justice and humanity. My experience is this, that when the question of insanity is thrown entirely upon the courts, they are quite anxious to get the best advice possible, and they appoint experienced experts.

In remodeling and codifying the laws of New York, upon the subject of insanity, in 1874, it was determined, in regard to criminal cases, when insanity was pleaded, to get nearer to the source of justice, by bringing the criminal nearer to the courts and giving them power and discretion, to appoint a commission, and meet the issue definitely and distinctly. If a man pleads, on his arraignment, as an excuse for crime, in the higher grades, that he was insane, if that be pleaded as a general traverse, and his whole defence to the indictment, the court may at once appoint a commission to examine into the mental condition of such person, at the time of committing the offence. This commission is empowered to take testimony and compel the attendance of witnesses. Now this brings the inquiry fully and clearly into the hands of the medical profession and the courts. There have been a number of such commissions in New York, and in every instance, experts have formed a part of the commission, and no instance has occurred in which a court has overruled the final judgment of such a commission. If found insane, the court commits him to a State Asylum. There have been more cases decided by commissions since this change in the law than by trials. It seems to me this is a real remedy. If, on the other hand, insanity is not the whole defense, or the plea has not been made at the time of arraignment; for instance, if he should claim that the crime was committed in self defense, or under extraordinary provocation, in addition to his being insane, then he may be tried before a jury, or a commission may issue to determine whether, at the time, he is in a condition of sanity to make his defense, and should be tried or not; again, if a person in confinement or under indictment for the higher crimes appears to be insane, the court may summarily inquire into his sanity, by the appointment of a commission, and if found insane he may be committed to an asylum, there to remain till restored to his right mind, and then remanded to prison, and criminal proceedings be resumed or he be discharged. Now it seems

to me that these provisions cover all the grounds that are necessary for the defense of the individual, or for all the purposes of justice, and it is my observation, under the operation of this law, that the courts are careful in regard to the selection of commissions. Not only so, but the commissions are required to make a thorough personal examination of the case, to examine the witnesses under oath, with all the ordinary forms for protection against misstatements, or any wrong, guarded also, if the defense desires, by counsel. Now with all this, the court also requires, not only a written opinion, but the submission of all the testimony taken, that it may be able itself to review this testimony, in connection with the opinion given, and in that way the whole subject is thoroughly gone over. I do think that if such a system should be approved by this Association and be generally adopted in the various States, that we would have far less difficulty in regard to expert testimony, and furthermore that the profession would be subject to far less—I was going to say disgrace—but I will say far less condemnation than it now receives for the seeming contradictory evidence, that is often presented in criminal trials when insanity is an issue. In my observation, contradictory, mainly because, instead of *the case* being actually submitted to the experts by examination, and by hearing the whole testimony they are required to answer hypothetical questions got up by the lawyers themselves, in their own language, each purporting to be an analysis of the evidence, but too often so adjusted as to present two sides. The lawyer for prosecution and defense presenting the unlike questions get unlike answers, and that ends in cracking the heads of the two experts together. I have been myself on trials where I have heard the testimony, and where I have read the hypothetical questions, and where they had little or no relation to each other, and yet I was obliged to answer on the hypothetical questions, and disregard the real evidence in the case. Any one who has been brought to this experience will realize how easy a thing it is to engender, by witnesses on either side, the feeling of bias. From my observation and experience, and on careful reflection, it does seem to me that the difficulties of arriving at true conclusions in regard to all these matters can be largely remedied by the substitution of commissions for trial by jury, and a final rendering of the decision by the court on the report of such commissions. Now, Mr. Chairman, I have no desire to go into the general discussion of the subject of responsibility, which Dr. Ray has treated, and I content myself simply with referring to the question of a remedy.

Dr. COMPTON. I would like to ask if a report is made to the jury?

Dr. GRAY. The jury have nothing to do with it. If the prisoner, on arraignment, pleads insanity, then the court may hand him over to a commission. The District Attorney then represents the public before that commission, and the attorney of the individual represents him. After arraignment, and while the person is in prison awaiting trial, it is in the power of the court to appoint a commission at any period; and if the person has been tried and convicted, he then through the same law may appeal to the Governor, who has the power to appoint a commission, and if in the opinion of the commission he is insane to send him to an asylum. So that there is no period in the history of the case, from the time of committing the act until he has passed through all the courts that a commission of medical men can not be resorted to. Finally, he reaches through the same means, the clemency of the Governor.

Dr. COMPTON. The decision as to insanity is left to the judge, and not to the jury?

Dr. GRAY. Yes, sir.

Dr. RAY. Will you allow me to ask in case the counsel of the prisoner should plead insanity before trial whether the question is then brought before the commission as to the insanity of the prisoner?

Dr. GRAY. Yes, sir.

Dr. RAY. Supposing the commission should report him not insane?

Dr. GRAY. Then his attorney can renew the plea before the court and jury.

Dr. RAY. He has his trial?

Dr. GRAY. Yes, sir; he has his trial.

Dr. RAY. In the ordinary way?

Dr. GRAY. Yes, sir; in the ordinary way.

Dr. RAY. Then the report of the commission has very little to do with the ultimate verdict?

Dr. GRAY. It has only this to do with it; the commission takes all the testimony carefully, and a great deal more thoroughly, in my judgment, than it is often taken in trials, and it is submitted to the court without going through the hands of the jury, the incompetent body you would avoid, and the commission is composed of medical men.

Dr. RAY. Is this report ordered by court to the jury.

Dr. GRAY. No, sir; the jury never have any thing to do with it.

Dr. GUNDRY. I was very much pleased with one point of Dr. Ray's paper, if he will allow me to say so, in that he brings his position much more in accordance, I think, with the feelings of all of us, by referring more distinctly than ever to disease, as the ground work of his plea of insanity, in all cases; and I agree with him most fully that the instance of disease must, in very many cases, be inferred from the acts, rather than the acts should be inferred to be the result of disease.

Nevertheless we are always glad to hear from him without cavil, because differing, as I do, from many in my belief as to these matters. I believe of course, irresponsibility commences when disease commences. I believe also that it is a very difficult thing, and perhaps an almost impossible thing to say, that in a given case you could put your finger upon the place, the time when disease commenced, and from your knowledge of other causes, you infer that this extraordinary conduct, which has come up for investigation, may be, or must be the result of disease, occurring from analogy, from its agreeing so nearly with the case which has been traced out, in every case where the steps have been known; for in a number of cases, the person to be investigated is not known very much of before, and all the evidence you have, and proof of his prior life is tainted with the suspicion that it is *pro re nata* manufactured. Now then the practical inference is of course the necessity of all of us studying the natural history of the disease, as all disease makes its impression upon our mental faculties, our mental development, and I can not but think that possibly we have gone a little too far in the dictum, that insanity, or insane behavior, legally speaking, is always strictly the result of what we call disease of the brain.

Let me state my view of the matter: a man has the gout, he may be a good, honorable, upright man, but he has the gout, and in a fit of the gout he assaults his attendant; that man is as irresponsible for that action as if he was the most decided lunatic within four walls. For why? Because the irritability of that conduct was not the result of his unfettered will, but was the product of that something which ranges through him. I believe we are too strict in defining the relations in this matter, that it is almost impossible to tell where mind begins and matter ends, where soul intermixes with all of it; and that we ought to accustom ourselves, rather more than we do, in speaking of them as dis-

tinct entities, to look at them as more of an entity, and that the action of the one is simply, if I may say so, a system of the correlation of the intention of the other, and the gout working through the man, instead of giving him time to reflect, because it is something in him which produces this kind of disease, compels him to act at once. We know the kindest man is often rendered very irritable and peevish by disease, and the kindest man who is affected with disease of the brain becomes an irritable, perverted man. Take another class of cases more nearly coming up to our knowledge, I think it would be very difficult to say that any definite impression has been made so as to restrict it to disease of the brain. Take what in a natural class of cases of disease, I would call roughly developmental insanity. I speak of it simply, roughly, without meaning to define too closely, or start from that period in life when puberty commences, and the struggles of girlhood passing into womanhood come on, and you find that after a time when the age has passed by, in which maturity may be expected, you have maturity of the one side, with the feelings, inclinations and wishes of the other; in other words, you have the dual nature of the girl and woman, coming side by side, and neither of them evolving the perfect woman that we expect.

Now then it is pretty hard to say that there is a specific disease of the brain in that case, and yet I appeal to all of you, whether, in that class of cases, this thing that you meet, these cases of disputed insanity, or insanity arising from acts, things done or words spoken, is not a specific disease. To pass on to another period of that life when the physiological act of child-bearing commences, how many women, during the period of gestation could be really and properly answerable for all their proceedings. Why is it that during that period of physiological action, the person about to become a mother, performs these extraordinary acts, which, under other circumstances would render her amenable to the criminal discipline, and usually it is a well known fact, it is the diction of common sense, residing in the minds of all people, that preserves that person from being brought up and restrained. Now it is perfectly absurd, I think, to say there has been that disturbance that results in disease of the brain, but we should recognize in that condition simply a want of balance, so to speak, of the mind from the nature of the stage they are passing out of, and the want of due power to bear that which they are passing into. Look at any man you please at sixty-three, which is usually about the critical time of man's life, or place it where you please, you will find that he be-

gins to change, breaks down, is morbid and is very different in his ordinary intercourse with others from what he was in the past year, or six months. They will, perhaps, go through very comfortably this stage, grow young again, as it is called, and enjoy life and look upon life in a different light. Now will you say in that period that the brain has been primarily or organically affected, will you say that, simply while nature is adjusting itself to its physiological process, the process of evolving into a new being from two beings imperfectly connected, so to speak, the acts of the girl, acts at these times of life, can be disease of the brain? If, therefore, instead of limiting it in that way you simply choose to call that a pathological change or abnormal condition, if you simply look at it in that view, I do not think there would be very much difference of opinion as to the great probability that it exists with persons known to be undergoing a stage of development, and showing these extraordinary acts, and that it is from natural influences that they result from that stage and in no other and from no other and from nothing else, and just as we spare a woman who is pregnant, from the common sense of mankind, without any medical theories about it. I think we will agree upon the other matters. But when you come down, as I have seen the testimony of several persons, to cases where no palpable disease of the brain has been discovered, where there is no lesion either discoverable by our finite minds, or by any other means, and say that the erotic acts of that person must be proceeding from a willful mind, and not from an insane one, I can not go that far. I suspect that if we could follow these cases to the very last resort, and trace the post mortem, we should find many lesions that we do not discover during life, which would rebuke our opinions given in that hasty manner.

Dr. CHIPLEY. I heard Dr. Ray's paper with a great deal of gratification. It bore the characteristics that all the papers from that gentleman have had, but I thought it was even more lucid than similar writings from the same gentleman upon the same subject. I thought that he made the matter so clear as to leave much less room for caviling and for criticism than has been passed upon his writing in reference to the same subject. So far as the paper, as it was read, goes, I think it is a subject of vast importance, especially as to our means of determining, by witnesses, whether the person is sane or insane; that it is a question of facts, and not a question to be determined by our theories, or the means by which we undertake to explain them. I think that the greatest difficulties, that I have witnessed in court with experts, or with

those who have been called experts, have been an attempt made by the expert to explain the symptoms, instead of considering the symptoms as the signs of disease, and make up their opinion alone on those symptoms without attempting to explain them, and among all the difficulties that I have witnessed in cases of criminal jurisprudence, where insanity was the question, the greatest have been where persons are called, as is almost universally the case, as experts, who are not, and who have no knowledge on the subject of insanity, no experience, no observation; their course of life has not been such as to lead them to study the subject of insanity; one who is in the practice of medicine, and one especially who has prejudged the case without a full knowledge of the facts and whom the lawyers may find out or discover will give a favorable view of the case, is called as an expert merely because he is a physician. Almost all the contradictions, that I have seen in the course of any case of this sort, have arisen between those who have a right to be considered as experts and those who are no experts at all, and could not in the nature of things be so considered.

I was surprised to hear Dr. Gray say that he was compelled to give an opinion on expert questions, framed by the lawyers, on a hypothetical case made up to suit their own purposes. I do not know whether there is any difference in the law, but such questions have been put to me very frequently. I have uniformly declined to give any opinion in the case and uniformly I have been sustained by the court. I have taken the ground that I could not conceive of an imaginary case that would be full and complete in itself, that certain symptoms, certain developments would be the highest sort of proof of insanity in one person and no proof of insanity in another. The very same act, the very same thought and the very same conduct that would be the highest proof of insanity in one person would be no proof at all in another, and that when, therefore, the lawyer framed his case, and put it to me as an imaginary case, and asked whether the development of such and such symptoms proved the existence of insanity, I say that I do not know, that such is an imaginary case. Having marked the real case you get all the facts, you get the previous history of the individual, and that previous history gives matters of fact, and not matters of imagination on the part of the lawyer who frames the case especially to suit his own purposes.

I have uniformly declined to answer these questions, and have always been sustained by the court in doing so. I think with Dr. Gundry, that when we are called in cases of this sort, the only

thing we have to do is to consider all the facts in the case, and give our opinion accordingly without attempting to explain those facts, and without developing any theory upon which our opinion may rest, for our opinions ought not to rest upon theory without considering the facts in the case. We have only to say whether we consider the person to be sane or insane, and leave the consequences to the court and jury and the law. I did not intend to make any remarks upon the subject, but was personally called upon, and so I concluded to say what I have said.

Dr. A. E. MACDONALD. I should like to add my testimony to that of Dr. Gray, as to the successful working, in the State of New York, of the law in question. During the past two years there have been a number of cases, such as those of which Dr. Gray has spoken. Not only have cases upon indictment for trials been referred to commissions, but cases have been so referred after trial and conviction, and before sentence, and one case at least after sentence. The fact that it is optional with the prisoner, claiming that the act for which he was indicted was committed under the influence of insanity, to apply for such commission or not, affords us one proof of the effectiveness of the practice, from the fact that such application has only thus far been made in cases where it was afterwards proved that there was certainly insanity. Prisoners, whose insanity was simulated, have preferred to take their chance of establishing it in the old way before a jury. I consider that they have thus given an unintentional evidence of the value of the law; so clearly has its value been shown, that the lawyers and judges in our State have recognized the propriety of the law; and one of our most learned judges, in New York city, placed himself on record recently, at a public meeting, by saying that he thought the question of insanity, apart from all other questions, that might arise in criminal cases, should be referred to, and passed upon, solely by medical experts, qualified to judge of the subject, and not by jurors.

It looks, therefore, as if there was some danger that the legal profession will anticipate us in this matter, and bring about a reformation, which we ought to be the first to propose and secure. It would be very proper, it seems to me, for this Association to put itself upon record upon this question, as being of the opinion that all questions of insanity arising in the course of criminal trials, are not properly subjects for the consideration of ordinary jurors, but should be left to commissions composed of qualified experts.

Dr. GRAY. In answer to Dr. Chipley I would say it is the rule of law in our State, to answer the hypothetical question, and this method is sanctioned by writers on jurisprudence.

Dr. MEAD, Massachusetts. I would mention a marked case in illustration of the importance of bringing the proposed commission more immediately in contact with the judges, rather than depending upon the uncertainty of juries. The case was one of homicide, and was tried in 1847 or 1848, in McHenry county, Illinois; I was called and gave an opinion. The fact that the subpoena emanated from the prosecuting attorney, prepared me to expect to find a case of feigned insanity. The Hon. Isaac N. Arnold, of Chicago, Associate Counsel for the defense, also asked me to attend the trial, because it was the first that had occurred in the State of that character, and of that degree of importance. Another circumstance favored the supposition of feigning. The jail physician had pronounced it a case of feigned insanity. However I took pains to examine the case thoroughly, in view of the great moral responsibility involved, and in a few days made up my mind, that it was one of real, and not feigned, insanity. The prosecuting attorney was a man of prejudice, not at all acquainted with the subject of insanity, and I soon learned that the sources of his information, read up for the occasion, were Esquirol's Treatise and Dr. Forbes Winslow's article on Insanity, in the *Cyclopædia of Practical Medicine*. He was determined to put hypothetical questions which is one of the points that has been spoken of in the discussion. These could not be answered unqualifiedly. He kept me two hours and a half on the stand. The result of the trial was a disagreement of the jury, nine were for a verdict of wilful murder, two for manslaughter, and one for acquittal on the ground of insanity. The case was brought to a second trial in Chicago, by a change of venue, before the Hon. Hugh J. Dickey, and fifteen other physicians were called to testify, all of whom corroborated my opinion. The prosecuting attorney of that court, a very intelligent and capable Scotch barrister, declined to make any remarks to the jury, complimenting the medical witnesses for, what he termed, the clearness of their opinions, and gave the case to the jury without argument. The second verdict was an acquittal.

Upon the rendition of the verdict, the judge took occasion to remark that the case was so plain that if the jury had rendered any other verdict, he should have felt it his duty to set it aside. The case was considered sufficiently important to induce Mr.

Arnold to take notes of the medico-legal points. These, I am informed by a recent letter from that gentleman, were lost in the great fire. Inasmuch, however, as I myself took notes of the trials with great care with a view to publication, the deficiency can be supplied, with the exception of Mr. A's. argument which, however, can thus be revived. The accused was placed under my care when the same homicidal propensity was manifested and the same method attempted. The case terminated fatally in three months, the post mortem examination revealing extensive organic changes in the cerebral tissues.

Dr. PARSONS, New York. Dr. Gray has suggested to me that I may be able to make some statement regarding the trial of Scannel to which allusion has been made, that will be of interest to the members of the Association. There were indeed certain facts in connection with this case that are of especial interest, as tending to show how unsatisfactory the present methods of taking expert testimony are, how unlikely these methods are to elicit the real opinion of the medical expert regarding the existence of insanity in a particular individual. I was called by the defense in the Scannel case, and it so happened that I was the only medical expert called. The usual hypothetical case was made up by the defense, and the opinion given regarding this hypothetical case was that it contained statements which, if true, must be considered as indubitable proofs of the existence of insanity. This was eminently satisfactory to the defense. The prosecution then made up their hypothetical case and propounded the usual question. The reply was that the existence of insanity could not be predicated on any or all the statements comprised in this hypothetical case. This was eminently satisfactory to the prosecution, so much so indeed, that they declined to call their own expert witness who had been in waiting to testify. Here then we have two hypothetical cases made up from the same evidence, regarding the same individual, and submitted to a single expert; and two diametrically opposite opinions given apparently regarding the mental condition of the same individual, but really regarding two hypothetical cases, neither of which was likely to represent the facts in the real case. It can hardly be doubted that an expert in any science is better qualified than others, not only to judge of the significance of facts bearing on that science, but also to conduct the investigation by means of which the facts are ascertained.

The PRESIDENT. Dr. Ray, will you make some remarks in reply to what has been said on the paper.

Dr. RAY. It may be remembered that in a paper which I read at Toronto, I discussed this matter of commissions, as applied to cases of alleged insanity, when pleaded in excuse for crime, and contended that they were inadequate to meet the difficulties in question. Having no reason to doubt the correctness of my opinion as then expressed, I need not now refer to what was then said. I admit that commissions appointed to ascertain the mental condition, before trial, of such persons may do a very proper service, in case they report the existence of insanity as the result of their examination, provided that such report would prevent the necessity of a trial. If, on the other hand, the report should be that the person examined was not insane, then the trial would go on all the same, with experts on both sides and courts with their rules of law and tests of insanity. I admit also that a proper commission, after the trial, where the prisoner has been convicted, would do good service by confirming or otherwise, the verdict of the jury, and thus aid the Executive in meeting the responsibility of his final decision. In fact, in the paper just referred to I advocated the appointment of such a commission in all that class of cases. A better way of meeting the difficulties that exist in these cases, is that which was adopted several years ago by the State of Maine. There, when a person is to be tried for a capital crime, and the plea of insanity is to be made in defense, the Governor is empowered to send such person, previous to trial, to the insane hospital, for the purpose of observation. So far as I can learn, this provision has worked well, and been satisfactory to the public. Our friend, Dr. Harlow, if he is here, can tell you more particularly about it than I can. I can not forego the opportunity, Mr. President, of showing by a shining example how much better is fair-minded, judicious, intelligent action on the part of courts, than any legislative enactments. I refer to the practice of the courts of Philadelphia, which I have had occasion to observe during the last few years. Discarding the usual technical rules they have admitted evidence in regard to the mental condition of the prisoner in the freest possible manner, as if their only object was to obtain the utmost amount of light on the subject. In their instruction to the jury they have said but little, if anything, about rules of law or tests of insanity, leaving to them to decide the question of insanity, as they would any other matter of fact, and I have observed in their treatment of questions of insanity, instead of that feeling of repugnance to the plea, too often manifested by our courts, a disposition to favor and encourage it. Within a year or

a little more, in a case where insanity was pleaded in defense, on a charge of murder, the prisoner was convicted, but the evidence of insanity was so strong that the court refused to receive the verdict.

THE PRESIDENT. Dr. Harlow, will you inform the Association of the working of the law which requires persons who have committed criminal acts, in cases where the plea of insanity has been set up, and where the prisoner has been sent to the asylum for observation?

DR. HARLOW. Mr. President, more than twenty-five years ago, while Dr. Bates was at the head of the Maine Insane Hospital, he proposed a law, which was enacted by the Legislature, that all persons committing crime, for whom the plea of insanity should be set up as a defense, should be sent to the Hospital for observation, in order that the truth or falsity of the plea might be established. That law is still in operation, and it has, in the main, worked satisfactorily. Under it a large number of cases have been received, observed, and reported to the court after due observation. The testimony of the superintendent, in all of these cases, has been conclusive. They have been decided in accordance with his report.

There is one objection to the law, as it now stands, and, as the Hospital is now situated, with reference to classification. It necessitates the mingling of the criminal insane with those who are innocent and harmless, and when the prisoners alleged to be insane, proves to be otherwise, they often give considerable trouble in their management.

I have suggested that there be a separate building for that class, where they could be classed by themselves, and at the same time be under the daily observation of the superintendent. I would also place with them, after trial, all who are acquitted of crime by reason of insanity. There are, at the present time, two persons by the name of Page, committed to our Hospital, by order of court, for observation, one charged with the crime of murder by shooting his own wife, the other with that of larceny. All persons committed for observation remain in the Institution till the next succeeding session of court, when, if they are not called for trial, it becomes the duty of the superintendent to discharge them.

DR. RAY. Can you recollect about the number treated under that law?

DR. HARLOW. I can not state definitely.

DR. RAY. What would be the result of sending persons to the insane asylum for observation on the subsequent proceedings?

Dr. HARLOW. Some have been left in the Institution, some have been sent to prison, and some not called for trial have been discharged by the superintendent.

The PRESIDENT. On what ground have these patients been discharged—those who have not been called for?

Dr. HARLOW. Upon the ground that the court failed to comply with the statute. The district attorney for some reason failed to send for them. It was found upon inquiry, some years since, that quite a number had been left in the Institution, without further proceeding, other than the commitment, after the superintendent had reported to the court the results of his observation, their cases not having been disposed of by trial or otherwise. In order to settle all such cases, the Legislature passed an act that they should be called for trial at the next session of court after their commitment; otherwise the superintendent should discharge them.

Dr. C. F. MACDONALD. So far as my observation goes I can say that the workings of the present lunacy laws in New York, have shown them to be a great improvement over the old methods of procedure in criminal cases, where the question of insanity is raised. We have several cases in the Asylum, at Auburn, which have been sent there in accordance with the new law. In these cases justice has been done, and, as Dr. Gray remarked, the great expense of a trial has been avoided.

Another evil which the present lunacy law has done away with, was alluded to by Dr. Chipley, as existing in other States; namely, that any physician, no matter how inexperienced, could set himself up as an expert to testify in cases of alleged insanity, and in order to insure his being called to the witness stand, it was only necessary for this so-called expert, to intimate to one of the attorneys that he entertained an opinion favorable to that side of the case. The law in New York now leaves it to the court to select the medical gentlemen, and the court are not likely to select inexperienced physicians to decide these important medico-legal questions.

During the discussion to-day, allusion was made to the importance of diffusing a better knowledge of insanity among the profession at large. I think that is a duty which this Association can not afford to overlook. Several striking instances have recently come to my notice, showing the utter want of appreciation or comprehension of the significance of the medical terms used in lunacy certificates. There are commitments on file in my office, made by a physician in good repute, in which the same patient is certified as having chronic mania, periodic mania, melancholia,

idiocy and lucid intervals. Comment is unnecessary, except to state that the space for remarks is left blank.

Dr. KIRKBRIDE. Our patients are now in our gymnastic hall, and would be happy to receive a visit from the Association. I propose the members and their friends should spend a short time there before going to my house to pass the evening. If there is no special business before the Association I would move that we now adjourn.

Dr. KEMPSTER. Before the motion to adjourn, which I apprehend is forthcoming, is put, allow me to call attention to the fact that a committee has not yet been appointed to take action upon the death of a member of this Association, the late Dr. A. S. McDill, Superintendent of the State Hospital for the Insane at Madison, Wisconsin. I expected that Dr. Boughton, his successor, would be present to announce the death of Dr. McDill, but he does not appear to be. I would respectfully suggest that Dr. Boughton be placed upon the committee.

On motion of Dr. Kempster, it was resolved that a committee of three be appointed to prepare resolutions on the death of Dr. McDill.

The PRESIDENT. Before putting the motion to adjourn this evening, I desire to briefly allude to the peculiar circumstances, so interesting to American alienists, under which we have met to-day. We are enjoying the very special privilege of meeting and transacting our business in one of the departments of the Institution—honorable alike for its age, its benefits to the sick and the prominent part it has so long taken in promoting the advancement of medical and surgical science and art—which one century and a quarter ago furnished the first organized provision for the care of the insane on the Western Continent. We also have had the privilege of inspecting the wards of both of the departments of the venerable Pennsylvania Hospital devoted to the treatment of its insane patients, and learned the lessons of practical wisdom and encouragement to be derived from its vast material appointments, excellent in every detail, and from its administration, humane and skillful in every particular, and of partaking of its bountiful hospitality. It is a most interesting fact, which, I think is not generally understood nor appreciated, but of which Americans may be justly proud, that more than a quarter of a century before Pinel began his experiments in the ameliorative treatment of insanity in

his private Asylum, and still longer before the Tukes established the Retreat, the Legislature of the Colony of Pennsylvania in the charter of the Pennsylvania Hospital, distinctly recognized lunacy as a *curable disease* and made public provision for both its medical and moral treatment. In 1773, about twenty years after the opening of the Pennsylvania Hospital with a department for the care and treatment of the insane, the Colony of Virginia established the first institution on this continent devoted exclusively to the treatment of diseases of the mind, but the second to make special provision for the treatment of these diseases.

This Asylum, situated at Williamsburg, which has celebrated its centennial anniversary, was the pioneer of the present State, as the Pennsylvania Hospital was of the corporate asylums of the present day. The Colonies do not appear to have established any other asylums or hospitals of this character. The first additional provision for the insane, after the United States became an independent government, was made in the New York Hospital, which in 1797 began to receive cases of mental disease, and in 1808 opened a separate building in the Hospital Grounds for the insane patients of that Institution, out of the latter provision grew the Bloomingdale Asylum. In the first four decades of the present century, eleven other institutions were opened in the United States, six State, four corporate, and one municipal. In 1841, the insane under treatment in the Pennsylvania Hospital, were removed into the building in which we are now assembled, and this department, under the name of the Pennsylvania Hospital for the Insane, was first put in charge of its present honored head. While the insane of the Pennsylvania Hospital were under the immediate care of the frequently changing *internes*, and more permanent daily visiting physicians of a general hospital, there must have been considerable variety in the professional skill and judgment displayed in their treatment, but I believe it was always humane in the highest degree. As soon, however, as the Pennsylvania Hospital for the Insane became a separate establishment, it began to be a leader in all the opinions and interests of this branch of the healing art. Prior to this period, the ground plan upon which most of the edifices that had been constructed in this country for the care of the insane was a copy of that which prevailed in Europe, and was known as the *quadrangular* plan. This plan of construction brings the quiet and excited classes of patients nearer together, and affords less light and natural ventilation than are desirable and attainable. To remedy those evils, Dr. Kirkbride designed the ground plan of

the Asylum at Trenton, New Jersey, which has come to be known as the linear or Kirkbride plan. While this plan may be thought to verge from the one it was designed to remedy, to the opposite extreme, its main features have been approved by most of the experts and public authorities that have been engaged in the rapid provision that has since been made for the insane of the United States, and the Province of the Dominion, and I understand that it has already formed the essential basis of the arrangement upon the ground of more than fifty institutions of this character. At a later period the head of this Institution—the host that honors us to-day—reported the propositions relating to the construction, heating, furnishing, fitting up, organization and management of institutions for the insane which were adopted by the Association, and which together with his book upon the same subjects, have prevented the cost to States, municipalities and corporations of a thousand blunders in providing for the care of their insane, have gone far to establish uniformity and excellence in the management of American institutions, and bestowed upon the inmates a thousand comforts and sanitary advantages they would otherwise have been less likely to have enjoyed.

The head of this Hospital was one of the thirteen men whom we delight to honor as the founders, thirty-two years ago, of this voluntary Association, which has had such a widely recognized career of usefulness in giving prevalence and authority to correct opinions and practice in every thing relating to the welfare of the insane, in their personal, social and legal relations. Four of the original members are present, and I may say to them, that it has often seemed to me, that but few men in this life, have had the happiness to participate in an act of such far-reaching importance to the welfare of their fellow-men, as the founding of this Association, nor in an act which they and their posterity may regard with more satisfaction. In concluding this notice of the very extraordinary circumstances under which we are here met in this centennial year of the Republic, I feel much confidence that you will sustain me in the declaration, that in all that relates to the principles involved, the most humane and highest sanitary and moral treatment of the insane on the continent of America, Dr. Kirkbride's opinions and influence have been, and are of the most beneficial and commanding character; and that this Institution, under his management for upwards of thirty-five years, has at no time had a superior, as a comfortable retreat and successful Hospital for the insane. Let us devoutly hope that the inmates of

this Institution may long enjoy the advantage of his kind care, and the specialty of his accumulated wisdom. (Applause.)

On motion the Association adjourned to meet at the Friend's Asylum, at 11 A. M., Friday.

After adjournment the members witnessed the performance of light gymnastics by the female patients, and spent the evening socially at the residence of Dr. Kirkbride.

JUNE 16, 1876.

The Association was called to order at 11 A. M. by the President, at the Friend's Asylum.

The President announced as the Committee to prepare resolutions relative to the death of Dr. McDill, Drs. Kempster, Ranney and Kilbourne.

The Secretary read a letter from Dr. E. T. Wilkins, Superintendent of the Napa Asylum, California, and a motion was made to refer the same to the business committee.

Dr. KIRKBRIDE. Just before leaving the hotel Dr. Gray handed me a telegram from his assistant, stating that the man who had killed Dr. Cook had been received at the Institution at Utica, under the criminal law of New York. He thought it might be interesting to know what disposition had been made of him.

Dr. RAY. Mr. President, before that vote is taken, allow me to make one suggestion to the business committee respecting the condition of the Blockley Almshouse. If there is any authority in this Association, and if it is expected to exercise anything like a beneficial influence upon the care of the insane, I invoke an expression of opinion respecting that Institution. It is too well known that the pauper insane of Philadelphia are not cared for by any means as they should be, considering how much better they are cared for in other States and cities. The way in which they are cared for, in the insane department of the Almshouse, is simply an outrage upon humanity. I have too much regard for the credit of our city to speak particularly about it. My purpose may be

answered by stating only a few facts. The patients have been allowed to accumulate there, where, indeed they never should have been at all, because there is no land, scarcely, connected with it, and consequently no opportunity for work or recreation. The associated dormitories are crowded, the floors are covered with beds, and the rooms, ten feet by five or six, are made to receive three persons; and these small rooms—be it understood—are occupied by the most excited class of patients. This, too, is not the worst of it; when a very violent patient comes in at night—too violent in fact, to be placed with any other—the occupants of one of these rooms must be turned out, and put in a room already containing three to make place for the new comer. The natural result of such crowding might be anticipated. During the three years which I served on the Board of Guardians, we had two serious attempts at homicide, and only the seasonable, though accidental interference of the watchman prevented success. About eighteen months ago, however, there did occur an actual homicide.

Now what is the reason of this? Simply that the proper authorities do not choose to furnish the requisite means for taking suitable care of the patients. It is a mere matter of public parsimony, and a niggardly parsimony it is, for a city which is spending millions of dollars for parks, public buildings and other things not called for by actual necessity. One dollar and eighty cents per week, is the rate at which the city of Philadelphia discharges its duty to the insane pauper. And the most deplorable part of it is, that we see no end to this state of things. The crowding goes on from year to year, at a steadily increasing rate. Some five or six years ago, two additional wings were erected, capable of receiving a hundred and forty patients, equivalent to about three year's increase.

Now, under a storm of indignation raised by the public press, councils put up a series of shanties, totally unsuitable for the purpose, to take in about two hundred more. What was really wanted was accommodation for violent and excited cases; but the rooms in these new structures have no strength at all. A child could knock them to pieces.

What we ought to have is a strictly State Institution. The insane poor are the wards, not of the city, but of the Commonwealth. This is the relation which must be assumed before we can expect for the insane, the kind of care that they need. As long as the Institution is under the charge of our municipal government, just as long will it be a field for jobbery and meanest parsimony.

Now, if by any strong expression of opinion on our part, we can excite some salutary public feeling on the subject, we shall do good service to the cause of humanity, because there is no reason under Heaven, why the insane poor of Philadelphia should not be cared for by the State, as well as those of Pittsburgh, Reading or any other municipality. I admit that a step was taken in the right direction by the last Legislature; but the bill passed was totally inadequate to the purpose, and the sum appropriated (\$25,000,) shows that it was only a pretence at doing something.

Dr. KIRKBRIDE. I am very unwilling to detain the Association, but I may just say that I agree entirely with the views of my friend, Dr. Ray, in almost every respect, but I do not want anybody to suppose that our attention is just called to this subject by the brief visit of our English friend, Dr. Bucknill. It was just as well understood before his visit as it has been since; although his distinguished name has given some prominence to it. It is a quarter of a century since the humble individual who addresses you and other medical men of Philadelphia made most earnest efforts to have done just what Dr. Ray suggests now. It is a full quarter of a century, and this state of things has been going on ever since.

The success of that effort was so little—nothing in fact—that we became discouraged, and began to think that the only way to have anything done was to let matters go on and get so bad that the people would not tolerate them any longer; and it has nearly come to that point now. I agree freely with Dr. Ray that the State is bound to take care of the insane of Philadelphia just as much as of any other portion of the Commonwealth. Philadelphia pays a large proportion of the taxes of the State, whatever they may be, and has a right to have the benefit of all institutions under State patronage. One institution, however, is not going to be enough for Philadelphia, it is not worth while to think that it will be. It has been recently said, I understand, by a State official, that the project of having an institution for Philadelphia was opposed by gentlemen who had the care of the insane. I know that this is not the case. Dr. Curwen and myself, at least, have it on record that we urged most strongly on the Legislature to put up two hospitals for the city of Philadelphia alone, each of which should accommodate six hundred patients, which is quite as many as any hospital for the insane should contain. That plan was not adopted, but a law was passed providing a hospital for six or seven counties and for the city of Philadelphia.

It makes provision for the insane of that section of the State, it is true, but it can not relieve Philadelphia. If Philadelphia were to have one hospital for six hundred male patients beginning this year for instance, they could be placed in it at once, and the six hundred women left could be tolerably well taken care of in the present building, until another hospital could be put up. The remedy for all our difficulties is plain enough if our rulers could only be induced to carry it out. The citizens of the Commonwealth must insist that it shall be done before we can have institutions that are at all comparable with the wants of Philadelphia or worthy of its character for humanity.

Dr. CURWEN. I move a change of the reference of the letter from the Committee on Business to the Committee on Resolutions and wish to say a word in this connection. I have been told by members that when they visited the department for the insane of the Philadelphia Almshouse on Wednesday, (for I could not go myself, as a previous engagement prevented,) that the President of the Board of Guardians referred to me distinctly by name, and said that they had made efforts to have a Hospital for the Insane of Philadelphia, so as to relieve the crowded condition of the wards in the Almshouse, but that Dr. Curwen had used his influence and had prevented them. Now I wish distinctly to state that I have done no such thing. I have been laboring with all the powers I possess for years to obtain accommodation for the insane in the State of Pennsylvania, for Philadelphia and the State.

Dr. RAY. For Philadelphia you mean?

Dr. CURWEN. For Philadelphia and for the State at large. When the bill proposing the Hospital for Philadelphia and the four counties immediately adjoining, was before the Senate, I proposed to a Senator to make the bill applicable solely to Philadelphia, being perfectly willing, as chairman of the committee of the Medical Society of the State, to prepare a memorial for a Hospital for the seven south-eastern counties outside of Philadelphia, to take the responsibility of recommending that course, and wait for another year for pushing forward the project we were anxious to have passed. But the Senator objected decidedly, and the result was that six counties were added to Philadelphia in place of four. I have been laboring earnestly for many years to secure, as I said, all the accommodations for the insane in Pennsylvania, which they really and urgently needed. All the opposition to this project for a Hospital for Philadelphia, came from members of the Legislature, who stated to me distinctly that they were afraid the money ap-

propriated by the Legislature, for that purpose, would pass into the hands of a certain class in the city, who would not allow it all to be used for the purpose designated, and that deviation they wished to prevent.

The motion to refer the letter to the Committee on Resolutions was then agreed to.

Dr. KIRKBRIDE. With the understanding, I take it, that special reference should be made to what was found to be the condition of the insane at Philadelphia Almshouse.

Dr. GREEN. I desired yesterday afternoon to make some remarks in reference to the paper of Dr. Ray, but failed to get an opportunity, and if not considered out of order, I would be pleased to do so now. Mr. President, I, in common with every member of the Association was much pleased with that paper, and heartily adopt its general suggestions, especially that which urges upon members of the medical and legal profession, to inform themselves more thoroughly on the subject of insanity in its various forms. Numerous examples have come under my notice, of the great need of that. For instance, on one occasion, a very prominent legal gentleman of our State had a relative under my care in the Institution, whom he frequently visited. I urged upon him as his duty as a man in the legal profession, desiring to render himself useful, as well as to occupy a prominent position in the profession, to make himself better acquainted with the subject. Of course it was not to be expected that he could enter upon the regular study of this specialty, but I advised him to purchase some of our best books and subscribe to the *AMERICAN JOURNAL OF INSANITY*; he did so, and subsequently gave me this information. He had business in one of the cities below that of his residence, where he had formerly lived; and with the medical gentlemen of that city he was quite familiar, one of whom was for several years his family physician. He was in attendance on the court as a lawyer without having any connection with the trial of the case of a colored man that had been an epileptic, as it was proven, for twelve years. He had been in the City of Albany, and had three or four convulsions during the day. Late in the afternoon he set out for his home, a mile and a half or two miles from the city; he met an old negro man, very infirm and decrepid, struggling along on his way to town upon his staff—a man he had never seen and had no acquaintance with whatever, and with a heavy bludgeon he had in

his hand, he fell upon that poor old man and literally beat his brains out. The act was witnessed by a young colored person, some fifteen years of age. Perceiving the assault, he made his escape for fear that it might be made upon him also. He saw the act committed; the old man was found some time afterward, lying there in that condition. The negro man was arrested and was indicted for murder; prominent physicians in that community gave the opinion that the fact of his having been an epileptic for twelve years, did not necessarily involve any affection of his mind. Upon that opinion, expressed by the medical experts, he was found guilty. But fortunately the verdict was accompanied with a recommendation to mercy, under which the court was authorized to send the man to the penitentiary for life. It was done, and in about six months afterwards, he died in a convulsion in prison. It is not necessary to detain the Association with details. Several such examples have come under my notice, of the total want of anything like satisfactory knowledge of this subject on the part of the medical profession, and very often in the case of men who deservedly stand high as general practitioners. A case occurred in the City of Atlanta, in which a man there shot quite a prominent citizen, totally unwarrantably, and an effort was made to procure an exemption from liability to punishment, by the interposition of the plea of insanity. A number of medical men in Atlanta were called before the court and jury, to give their opinion upon that subject. There was but one of them, a Dr. O'Keefe, who once had a brother under my care in the Asylum, who was then residing in Alabama, and whom he frequently visited, who was candid enough to say to the court and jury, that he knew very little upon the subject; although he stood deservedly high in the profession, as high doubtless as any of the medical men who were called before that court and jury, to give their opinions, as experts, as to the mental condition of the man when he committed the act. The man was adjudged guilty, and doubtless properly so. He was for years a very intemperate man, and was to a greater or less extent under the influence of liquor at the time he made this assault. He has since been pardoned, after remaining some time in the penitentiary.

Now as to the remedies proposed for the existing state of things, I am not quite clear that any of them would meet the necessities of the case. I understand by the remarks made by the gentlemen from New York, that there is a law existing in that State, under which a party indicted for a capital offense, and in whose case the plea of insanity is interposed, can have the appointment

by the judge, of the commission, prior to trial, to investigate the subject, and if that commission decide that the party is insane, the court on that decision may send him to an institution for observation for an indefinite period of time. Am I correct in the statement?

Dr. A. E. MACDONALD. The gentlemen is in error in mixing the law of Maine with the law of New York.

Dr. GREEN. Be that as it may; I do not wish to make any remarks specially applicable to New York rather than any other State, I speak of it as a remedy. This then is the case, that in some States the party is sent to an institution for observation, for an indefinite period. How it can be justifiable, or in accordance with our constitution, to compulsorily detain a person for any period for observation, I am at a loss to understand. I can not understand how he can be deprived of the right of habeas corpus, and I can not understand how he can be deprived of a right to demand a trial by jury at any time, and thereby be relieved from confinement, which might be extended to a greater length to furnish satisfactory evidence to the Superintendent of the Institution as to his mental condition.

Dr. A. E. MACDONALD. There is no possibility of sending a patient for observation in that way. The commission merely pass upon his sanity or insanity, by examination and report; he can then, if insane, be sent to an institution.

Dr. GREEN. Does the judge finally settle the matter?

Dr. A. E. MACDONALD. If the commission find the man insane, the judge can then send him to the State Asylum, there to stay until discharged by order of a court.

Dr. GREEN. If it is decided by the commission that he is not insane he is discharged?

Dr. A. E. MACDONALD. No sir: he stands his trial.

Dr. GREEN. It seems then the commission will be of very little use. The idea then which some gentleman suggested, Dr. Gray I think, that it would be desirable that this Association should recommend the adoption of such a law in every State is overcome. I should think it would be rather difficult to get up a commission of experts in many of the States where they have but one institution; and I should not consider ordinary physicians experts. I scarcely think that the proposed remedy meets the difficulties of the case. Now as to the appointment of commissions among medical men generally, I have the history of a case recently in which I am under

a subpoena to attend the next court as an expert, and give my opinion as to the man's condition at the time he killed his wife. The judge is authorized, in our State, to appoint a commission to investigate the mental condition of the man at the time he committed the act, and a jury is impaneled. If he is found insane he is ordered by the court to be sent to the asylum and there retained until discharged by act of the Legislature. A defect, as I regard it, in our law is that though the individual should be entirely restored, he can not be discharged until the Legislature meets again. This case in which I am subpoenaed was investigated by a commission appointed by the court, and they never did and never could agree. The case went to trial, the man was convicted and sentenced to be hung; a motion was made for a new trial and an application made to the Governor for a reprieve upon the ground of newly obtained evidence, which the Governor granted. However, prior to the reprieve he appointed a commission consisting of three medical gentlemen residing in that immediate neighborhood, all gentlemen of high standing in the profession. They visited the prisoner and having made such investigation as they deemed necessary decided the man was not insane. That conclusion was probably brought about mainly by the folly of his counsel; one of whom notified the man of the appointment of this commission, and of their arrival in the village, and when they had an interview with him, he in fact, as you might expect him to do, played crazy, and very bunglingly. I think that an insane person may be prompted to act in this way by the suggestion of his counsel, and his conduct may have led to the conclusion that he was not insane. The counsel, however, succeeded in obtaining a new trial, having obtained conclusive evidence that the man *had been insane*. The question is yet open for final adjudication. I think it very desirable to induce our medical brethren generally, to take an interest in this subject, and to take some pains to acquire better information with regard to it, and it is equally important that the members of the legal profession should do the same thing.

On motion the further consideration of the subject was postponed until this afternoon.

Dr. RAY. It having occurred to me that some of my remarks respecting the Philadelphia Almshouse may have been misunderstood, I beg leave to say that I did not intend to include within the scope of my censure, any reference to the management of the Institution by its present officers. The management has been—

I have abundant reason to know—in the highest degree humane and appropriate, and the patients have enjoyed all the comforts which they could possibly have under the circumstances. The habitual condition of the Institution has always been good, as I doubt not, the members of the Association who went there the other day, found it.

The Association, under the conduct of Dr. Worthington, examined the wards and grounds of the Asylum, and afterwards enjoyed the bountiful lunch provided for them.

The Association was called to order at 3 P. M., by the President.

Dr. Green declined to continue his remarks, and Dr. Baldwin expressed a preference to read his paper at another time.

Dr. KIRKBRIDE. There is one subject, if Dr. Baldwin does not read his paper, that I should be glad to bring to the attention of the Association, and I do it after consultation with several of the members, who seem to have thought as I do in regard to it. It is one of the remarkable things attending this Association, that there has been such great unanimity of view, in regard to the care of the insane, in almost every essential particular, from the very foundation of the Association, until the present time. The unanimity that has marked the expressions of opinion has been truly remarkable. Almost without exception they have been unanimous. We are all aware, that of late it has become not infrequent for men who have had little, I might say almost nothing, to do with the insane, to criticise the actions of those who have devoted their lives to their care and treatment, and to claim the right to advise new plans for hospitals and measures for treating the insane. I do not think it would be becoming or dignified in this Association, to answer these assertions or assumptions, nor to notice insinuations that this body is retarding progress, but I do think it might be useful to have the propositions and resolutions of the Association collected in pamphlet form, and printed at the expense of the Association, to be distributed among the members for use in the different States of the Union, where they think they might be most useful, and most likely to refute the unsound views which have been so freely circulated in certain sections of

the country. I therefore propose, Mr. Chairman, and move, that a committee be appointed, who, after stating perhaps the origin and objects of the Association, shall collect these utterances of opinion and have them printed in pamphlet form, at the expense of the Association, for the use of the members. It seems to me that there can be no objection to that course, and that it might be productive of the greatest good, just at the present time.

The resolution was agreed to. The Chair appointed Drs. Kirkbride and Callender, and on motion of Dr. Kirkbride, the President was added.

Dr. SMITH. Mr. Chairman, as there is now no special business before the Association, perhaps the Committee on Chloral Hydrate is ready to report. This committee was appointed two years ago, and, failing to report at our last meeting, asked further time. It is certainly an important subject, and well worthy of the consideration of this Association. There is but one member of the committee present, Dr. Curwen, and I trust he may be able to favor us with a report.

Dr. CURWEN. Dr. Hughes promised to attend to the whole matter, and I have not given any attention to it, as I have had my hands full of more important work. I am perfectly willing to go upon the record on the resolution I offered at Nashville two years since.

Dr. SMITH. I am not prepared to make any extended remarks, but the subject has been pending sometime and I am anxious to hear the report of the committee and a full expression of views of the members. The last two or three years I have been much more cautious in the use of chloral hydrate than before. While I regard it a most important, and indeed invaluable remedy in very many acute cases of insanity, in another class of cases I also regard it sometimes a very dangerous remedy. Two or three years ago I had several patients who had been using Chloral regularly for sometime. All manifesting symptoms of gradual decline, as slow emaciation, loss of strength, hesitancy of speech, unsteadiness of gait, indications of cerebral congestion, occasional paroxysms of difficult breathing, &c., the same group of symptoms very similar in each one, and knowing all had taken chloral for a considerable period, I feared they might be the effects of the remedy and hence withdrew it, and to my great gratification the alarming indications soon disappeared. With such experience as this it is very natural my caution in the use of chloral should have increased. I have

never, however, been in the habit of using as large doses as many superintendents.

The CHAIR. In what doses have you been in the habit of giving it?

Dr. SMITH. When a patient first enters the Institution I commence with a small dose, fifteen to twenty grains, or, more correctly, from ten to twenty grains and watch the effects to determine if any idiosyncrasy or peculiarity exists. Tolerance of the remedy, you know, differs widely with different patients. The effects of fifteen grains, or even ten would be much more striking upon some than forty, sixty and eighty upon others. My usual dose is twenty grains two or three times a day. In a large majority of cases I give it only once a day, just as the patient retires. Sometimes I give thirty or forty grains when given but once a day, and in a few cases sixty or even eighty, but these are very rare exceptions. My usual prescription, however, is twenty to thirty grains once a day, as stated. While I believe it is an invaluable remedy in many cases, it is one which should be used with caution and its effects closely watched. With a remedy so extensively used in all our institutions as this has been for several years past, and so generally regarded free from danger, I very much fear we may sometimes fall into the error of not discriminating clearly between its effects, and the regular progress of disease, and by persevering in its use, fatal results follow.

In one of my best Medical Journals, heretofore alluded to, I read an article giving a series of morbid phenomena, which appeared, sooner or later, after the continued use of chloral. Among these were extensive erythemas and pustular or papular exanthemata, cerebral congestion, difficulty of breathing, and all the symptoms of blood poisoning. That the morbid phenomena, in the great number of cases given, resulted from the continued use of chloral, was proven by the fact that they speedily disappeared after its withdrawal. A striking case I remember; a distinguished physician was called in consultation to a lady, prostrated by protracted sufferings, who had attacks of dyspnoea, which had increased to asphyxia; her face was swollen, the facial muscles paralyzed, and all the signs of cerebral effusion. All remedies had failed, and the patient seemed on the brink of the grave, when he suggested the discontinuance of a daily dose of forty-five grains of chloral, which had been given for some time as a hypnotic. Whereupon all the alarming symptoms vanished as if by magic, cerebral disturbance ceased, and respiration soon became natural. The author

of this article also stated that similar cases of poisoning from chloral had been recorded in the various English Journals with fearful frequency. Is not such testimony as this sufficient to induce us to watch more closely a remedy we have been prescribing so often, and we may occasionally have mistaken its effects for the symptoms of progressive disease?

Dr. CATLETT. What pathological indications do you consider contra-indicate the administration of chloral?

Dr. SMITH. Our observations have not been sufficiently accurate and extensive to determine definitely the pathological conditions contra-indicating chloral. The cases in which I observed its dangerous effects were generally those of long standing, with feeble state of the vital powers, want of activity, tone and vigor, and patients advanced in life. If hyperæmia of the lungs and dyspnoea be among the occasional poisonous effects of chloral, cases complicated with a tendency to pulmonary congestion would also contra-indicate its protracted use.

Dr. CATLETT. I would also ask if you have had any experience of its benefit in epilepsy in mitigating the paroxysms?

Dr. SMITH. In epileptic cases where high mental excitement and sleepless nights have followed the seizures, I have used it as a hypnotic with pleasant results. I have also given it with good effect where the excitement seemed to take the place of the seizures, but am not able to say it exerted any decided influence in preventing a repetition of the paroxysms.

Dr. CATLETT. Mr. Chairman, as substantiating Dr. Smith's opinion that it is dangerous to administer chloral in states of vital depression, dependent upon functional derangement, or organic lesions of the vital organs, I would say we have had in our vicinity three marked cases of death arising from the ordinary doses of chloral, having been administered during or after the paroxysm of *mania-â-potu*, or delirium tremens. In one of the cases fifteen grains, repeated every half hour, was supposed to be the cause of death.

The PRESIDENT. For what length of time?

Dr. CATLETT. Five or six doses were administered; in the other case thirty grains, twice repeated, was considered to be the cause of death. In the third case, the patient had a phial containing a drachm and a half of chloral, out of which he had taken three doses. I saw the phial, and the remaining contents, and found about one-third of it left. I made a post mortem of the case. He had been in a state of intoxication for some time, was a dissipated man, paroxysmally dissipated; after his death he was removed to

our city, and I was asked to make the post mortem, as it involved the recovery of a life insurance policy. I examined his brain, medulla, the heart and cerebellum. The medulla was congested, no amount of inflammation present; serous effusion and congestion. In the left ventricle of the heart was an organized fibrous clot. I gave no definite opinion as to whether the chloral produced his death or not. My private opinion was, had he not taken chloral he would have survived the attack, as the chloral may have aided the formation of the heart clot. Whether that opinion was correct or not, of course, I could not tell. I am in the habit of using chloral in the asylum, and was in the habit of using it while in private practice to some considerable extent, and always guarded the use of it, and avoided its use in all cases where I thought it was contra-indicated.

Dr. FULLER. Did you ever use croton chloral, Dr. Smith?

Dr. SMITH. Yes, sir.

Dr. FULLER. What were its effects?

Dr. SMITH. I did not notice its effects particularly.

Dr. CATLETT. I have given thirty grains. I prefer it to the chloral hydrate when indicated, because it has not the debilitating effects afterwards.

Dr. C. F. MACDONALD. As chloral was just coming into use in this country when I entered asylum life, I may perhaps have had as much experience in its administration as have some of the older members of the Association. I have used it largely during the past seven years, and must say I have never seen any bad results.

In the Kings County Lunatic Asylum, with which I was connected for several years, there were nearly eight hundred patients. We used on an average, three pounds of chloral per month, and out of that experience, I can recall but one case in which there was even a suspicion that death was the result of chloral. The autopsy revealed advanced nephritis and valvular cardiac lesions and also removed the suspicion.

I usually order thirty grains to be given at a dose, and to repeat it in a half or three-quarters of an hour, if sleep is not produced. On one occasion, a male patient suffering from violent acute mania of about one week's duration, was given, through a mistake of his attendant, two drachms at one dose. He soon fell asleep, and slept continually for eighteen hours. When he awoke he was rational, continued so, and progressed to complete recovery.

Dr. CURWEN. The resolution of two years ago reads as follows: Resolved, That it is the opinion of this Association, that chloral

hydrate is a remedy, so peculiar in its effects, and so decided in its therapeutic action, that it should be employed with great caution, and only on the prescription of a reputable physician.

Dr. KIRKBRIDE. Was not a committee appointed on that?

Dr. CURWEN. A committee was appointed. The objection to the resolution on the part of some members, was the use of the great caution.

Dr. A. E. MACDONALD. It seems to me that the resolution is superfluous. Every remedy should be applied with great caution, and only upon the prescription of a physician. As regards the use of chloral my experience coincides with that of Dr. Carlos MacDonald, and that of all those with whom I have conversed upon the subject. I do not know of a single case where chloral hydrate has been prescribed, and death has followed, where the autopsy has not revealed other adequate causes of death. I have used it very largely in the treatment of the insane, and I have not seen a case in which I had untoward results from it. Certainly patients may die suddenly who are taking chloral, but so do persons die suddenly who are not taking anything, and it is unfair to conclude that because chloral has been taken, therefore the chloral has caused the death.

Dr. KIRKBRIDE. I would like to ask the Doctor whether he has not occasionally known cases taking chloral to die rather unexpectedly to him; that has been my unfortunate experience, and I confess I have become exceedingly cautious in its use. I am free to say I would rather my medical friends would not administer it to me under any ordinary circumstances.

Dr. A. E. MACDONALD. I have not had that experience which Dr. Kirkbride relates. As Dr. Gray is not here, I may mention that Dr. Andrews, his senior assistant, told me recently of one or two cases, at Utica, where a patient taking chloral died suddenly, but where post mortem examination showed clearly that death was not due to the remedy. Dr. Gray's* experience and conclusions in the matter, are, I think, identical with my own.

Dr. KIRKBRIDE. You made post mortem examination of those cases?

Dr. A. E. MACDONALD. Yes, sir.

Dr. COMPTON. The dose of chloral prescribed at our Asylum is about twenty-five or thirty grains. I remember the discussion on

*The post mortem showed that death occurred from pachy-meningitis, with extensive sub-arachnoid serous effusion, especially around the medulla.

this subject at Nashville, and my impression is that Dr. Hughes moved to strike out of the resolution which was offered, the words "great caution" because they seemed to be connected with the idea that four or five grains was the proper dose of this drug, and that to go beyond that was hazardous. My experience, as given on that occasion, has been confirmed by subsequent practice, that twenty-five or thirty grains is the proper dose, and that it is the best hypnotic which has fallen into our hands. We have a few cases in which we have given it, every night for the last six years, without bad effect. On the contrary we have not only secured a good night's rest to a patient, but we have thus secured a quiet ward.

Dr. CALLENDER. I have used chloral hydrate freely and sometimes heroically, but have never observed the untoward effects, either in acute cases, or as a result of its continuous use which have been noted in the experience of some practitioners. We find it efficacious—perhaps beyond any other agent—in quieting habitually noisy patients at night, but we are cautious not to induce the chloral habit by its prolonged use in any case. As a simple hypnotic, producing sleep and leaving the least hurtful incidental results I regard it very highly in the average twenty-five grain doses, though I have given as much as seventy grains without harmful consequences.

Dr. CATLETT. I would ask Dr. Callender whether in cases of chronic irritability, the result of the administration, almost nightly, was not to make patients more irritable, instead of quieting them and producing sleep?

Dr. CALLENDER. I have no such experience, but on the contrary, properly administered, as I have said, twenty-five grains produces the desired result and none other.

Dr. CATLETT. I have three cases in my Asylum, and my habit with them is to produce sleep by giving ten grains, fifteen grains, sometimes twenty grains repeated in fifteen or twenty minutes, in cases where I know that they require a repetition of the dose.

Dr. SMITH. I have used the new remedy nitrite of amyl, with seemingly good results in epilepsy, and regard it especially applicable to that class of cases where the paroxysms occur in rapid succession and continue one, two, or three days. One or two superintendents commend it in the highest terms and say it controls such cases with great ease; I have used it by inhalation two, three or four drops each time. My experience with chloroform has been much more extensive and I have found its inhalation in such cases usually attended with the happiest results.

For the purpose of eliciting the views of all the members of this Association on the subject of chloral, I move that a new committee of three be appointed to report at our next meeting; and I trust that this discussion will induce us all to watch more closely this remedy from day to day that we may discriminate more clearly between its effects and the symptoms of disease, and thus render our next discussion more interesting and profitable.

Dr. KIRKBRIDE. I second the motion because this very discussion has shown the soundness of the resolution offered at the meeting at Nashville. Some gentlemen having given a dose of seventy or eighty grains have never seen any bad effects, while other gentlemen do not wish it to be administered to them, and do not care very much about using it at all.

The motion was then agreed to.

The President appointed on the committee, Dr. Smith, Dr. C. F. MacDonald of Auburn and Dr. Harlow.

On motion the Association adjourned to 8 P. M. Session to be held at the Continental Hotel.

JUNE 16, 1876.

The Association was called to order at 8 P. M., by the President.

The Secretary laid on the table, reports sent by Dr. Jarvis, for the use of the members. Dr. Everts then read a paper on "Incidents of Civilization, as predisposing and exciting causes of Insanity."

The PRESIDENT. The Chair infers that as a matter of course, the Association will proceed to the discussion of Dr. Everts' elaborate and very interesting paper, perhaps one of the most profoundly philosophical papers that has been read before this body. It will greatly interest the social scientist, as showing the causes of the prevalence of insanity in civilized communities, and the modes of staying its increase. The doctrines of the paper underlie the treatment, as well as the etiology of mental disease, and are therefore of very great interest to us.

Dr. KIRKBRIDE. I can hardly let the occasion pass without expressing my obligations to Dr. Everts for giving us this paper,

which certainly contains matter for thought for every member of this Association, and I agree with him that the remedies for the evils spoken of, which are so universally recognized, and the magnitude of which can hardly be over-estimated, rests with the medical profession more than all other classes of men.

Neither the efforts of the clergy, nor the profession of law, nor of any other class, can compare with what the medical profession is able to do for the reduction of many of the evils spoken of. I think it of a great deal of importance, therefore, that the medical profession, as a body, should act only after deep reflection, and using every opportunity of becoming familiar with facts that ought to be known as firmly established.

I have no disposition to enter into the discussion to-night, but I repeat, we ought to feel obliged to Dr. Everts for his valuable paper, and every one must recognize the thought and intelligence that have been used in its expression.

Dr. RAY. I always like to hear the philosophy of insanity discussed, especially when the opinions expressed agree entirely with my own. Apart from that, however, I may say, that I was much gratified with the general line of inquiry and its results, as presented in the paper of Dr. Everts. I need hardly say that the causes of insanity are a matter still involved in a great deal of obscurity, owing not merely to the inherent difficulties of the subject, but also to the vicious manner in which the inquiry has been pursued. When a certain incident or event is alleged to be the cause of insanity, it is natural to ask why, where it is so potent as to make one man insane, it should be entirely impotent when applied to another. Now in most of the discussions on this subject, and indeed in most of the treatises on insanity, almost up to the beginning of our own time, we are left entirely in the dark upon that point. A domestic affliction, a loss of property, or a sunstroke is sufficient, we are told, to make this or that man insane; but we are not told why the great majority of men experience the same trials without at all affecting their minds. Now that certainly ought to lead to the inquiry, whether there is not some common cause for them all. In this way we shall be more likely to ascertain the precise nature of insanity than we shall by dwelling upon these accidental or casual incidents. We are in the habit of thinking that certain diseases spring from some constitutional infirmity derived, for the most part, if not entirely, from ancestral conditions. It is certainly a matter of some surprise that we have ignored this philosophy of disease, as it may be called, when speculating on the origin of insanity.

If our inquiries lead to the conclusion that insanity is of a strictly constitutional character, the next question is whether this infirmity had not its origin in some previous generation; and in fact the bent of the more recent inquiries has been in this direction. We are told by them that we must look for the potent element in the production of insanity, to a cerebral condition that can not be better expressed, perhaps, than by the term, cerebral vitiation. None the less am I ready to admit that the origin and cause of this vitiation may be fairly attributed to these agencies incidental to civilized life which are mentioned by Dr. Everts. I presume if men were always correct in their ways, manners and habits, physical and moral, we should have little insanity. Indeed it scarcely needs an argument to prove, that in this our present modern life, a large proportion of our people indulge in exercises of the mind and of the body which have a deleterious influence upon the cerebral organ, which, however, may not become fully developed until transmitted to a succeeding generation. Paradoxical as it may seem while civilization is supposed to increase the amount of happiness in the world, it is equally true that it is at the same time prolific of most mischievous evil. We have only to conclude, I suppose, that this is the price we pay for it as we do for every other blessing. In some of Dr. Everts conclusions I am hardly prepared to acquiesce, not because I deem them incorrect, but solely for the lack of suitable evidence on the subject. I do not deny that incontinence, masturbation &c., are oftentimes productive of insanity; but their agency, I apprehend, has been greatly overrated, and that when too obvious to be denied it is generally of a secondary character. I believe this because there is a lack of direct and straight-forward evidence necessary to establish that relation to insanity which is often assigned to them. A little more caution in the admission of evidence would have led, I think, to a different conclusion. It certainly would have led us to suspect that we have sometimes mistaken the cause for the effect, and shown us that some of these supposed agencies are only the natural results of mental disease instead of being its cause.

Dr. GUNDRY. I was very much pleased to hear the paper of course, and thank the Doctor for bringing the subject before us, and in following him through I was gratified at the number of conclusions he arrived at, though I must confess, that perhaps, almost necessarily, I should hardly agree with all he stated, and there are considerations on the other side which ought not to be ignored now. I do protest and will ever protest against inebriate persons

being brought into these institutions for the insane. I repeat, in spite of the fact that I was corrected for it by the Vice President of this Association, the best thing to do with an inebriate is to take him by the neck and say, "hold villain," reform yourself or get out of society, and that would be the best remedy we could get, the best external remedy—the only mode to reform inebriates is to begin in that way. Therefore I think it is unphilosophical for us to be talking about instituting benevolent institutions for self-degraded sinners. Inebriation follows just the same law as all other degradation. The miners of Cornwall, history tells us, were the most degraded persons that ever lived until John Wesley commenced his labors among them, and sending a thought into their minds which germinated into action and changed that peasantry from the most degraded of peasantry in Great Britain to the enlightened Cornish peasantry at this time, who are the most happy people from the civilizing work of the Wesleys.

Inebriates are not to be reformed against their own wills, of course, the duress of the law may keep them within a certain line of action, but that is not reforming them. Many a man who is kept simply by the conventional rules of society within a certain line of conduct, on this side of the mountains, as you all know was the case, when freed from all these shackles, and he found himself in the mines of California, revealed that he had not been reformed. Such men then, show that they had not been civilized, that they had not been raised by the law, but had simply been restrained by it for the time being, the restraint being removed, the spring took its full rebound. So I do protest against inebriates *per se* being considered as insane people simply because they have contracted the habit of crime.

Dr. A. E. MACDONALD. There are several points in Dr. Everts' paper to which I should like to refer, but our time being so limited, I shall only speak of one matter, namely the causation of insanity. I have been during the past two years preparing statistics upon the subject, and I may mention briefly the result. In my Institution, of course, the causes may differ somewhat from those in others, mine being an Institution for males only, and males drawn from the lower classes of the city of New York. As regards this class then I am convinced that the primary cause of their insanity is hereditary taint, and the immediate cause, most commonly, intemperance. Of these cases regarding which I have been able to procure reliable information, in about eighty per cent. I get a clear history of insanity or other nervous disease in former generations.

As to the influence of intemperance as an immediate cause, less than ten per cent. claim to have been abstinent. Of the entire number admitted, fifty-four per cent. give a direct history of excessive indulgence in the use of intoxicating liquors; and thirty-six per cent. confess, (or their friends confess for them) that they have been what *they* term "moderate drinkers."

The PRESIDENT. The observations are of great importance, I hope they will be continued.

Dr. A. E. MACDONALD. The results so far obtained, will be found in my reports for the past two years.

Dr. GUNDRY. Allow me to ask the Doctor one question. As to these poor patients that come to you, Doctor, are not a great many of them foreigners?

Dr. A. E. MACDONALD. A large proportion of them.

Dr. GUNDRY. They are themselves intemperate? That is what I understand.

Dr. A. E. MACDONALD. Yes, sir.

Dr. GUNDRY. They come over with the expectation of picking up gold in the streets, and are disappointed in the expectation?

Dr. A. E. MACDONALD. Possibly, but emigrants becoming insane during the first five years of their sojourn in the country, are cared for in a special asylum. Those therefore who come to us have been over five years in the country, and have presumably had time to recover from their disappointment.

Dr. GUNDRY. I know how it is if a man comes over here and expects to earn a living and get rich and is disappointed, he might very well bear that for a year or two. It is after four or five years that it affects him. Hope deferred makes the heart sick.

Dr. BALDWIN. I would merely say that I have been extremely interested in Dr. Everts' paper, and was especially impressed with the importance which he has attached to the point of intemperance, not only in respect to the heredity of the vice, but also to the deterioration in the mental and physical qualities of the offspring. My observations in this respect have been very painful, having witnessed this vice and all its painful accompaniments handed down from father to son. I have been truly interested in the Doctor's paper, and hope to receive a copy of it.

Dr. FORBES. Mr. Chairman, I came in late, but before Dr. Everts finished reading his paper. I, however, gathered the conclusions. I am one of those who, when they have nothing to say, think it is best to be silent. However, having given Dr. Everts' subject a good deal of thought, as I understand it, I will crave

your indulgence for a few minutes. It is told in history, or story, that Napoleon, on one occasion, in a hot contest, had a private call his attention to a critical point, with the suggestion that a force directed there would be decisive. The commander replied, "you rogue, where did you get my idea?" The disposition was made, the field won, and the soldier at once promoted. I claim nothing like Napoleon, nor do I intimate anything like the other character of Dr. Everts. The point I wish to make is, that he has gotten my idea. I have been for some time considering the subject of asylum treatment of inebriates, in connection with some practical method for their thorough reformation. As well as I could get at his views they are precisely parallel with my own. I would deal with a confirmed inebriate as I would deal with a lunatic. He is just that—not more nor less. Frame the law to affect him exactly as it does the lunatic. Instead of a writ reading "*De lunatico inquirendo*," let it read "*De inebrio inquirendo*." I do not know whether my Latin is correct. But instead of an inquiry as to insanity, let it be an inquiry as to confirmed, habitual drunkenness. Let a jury decide his case upon evidence and proper proof. When convicted proceed exactly as with a lunatic, reduce him to the condition of a minor, by taking away his estate, if he has any, and placing it in the care of a committee, disfranchise him for the time, deprive him of all privileges and immunities that pertain to him and adorn him as a man—strip him of his proud equality among his fellows. Then let him be placed in an inebriate asylum, prepared for such cases exclusively, there let him be treated for his malady. Let him be restricted rigidly in his habits. That is the way to reform and restore him, and when so reformed and restored let him go back to his family and friends and society, precisely as a lunatic does, who has been restored to his healthy mental powers. Reinstall him in his manhood, clothe him anew in all his rights and attributes; but let him feel that he goes back with the inevitable certainty of being returned to the Institution whenever he falls into his former habits.

I would make the inebriate's case different from that of the lunatic in this, I would open an account with him and place him at some useful employment as soon as sufficiently invigorated, charging him reasonably for care, custody and treatment, and giving a fair credit for his earnings and products; and I would detain him longer before discharging him, in order to be the better assured of the certainty of cure. Temporary reformation—the abandonment for a time of the habit—merits no consideration. It is of no avail

unless connected with an idea of permanency. The inebriate will enter an asylum, a very wreck, mentally and physically, and in a few weeks he is "straightened up" and "all right." I have seen such a case often in my own Institution. I have received them, treated them, cured them and sent them home "clothed and in their right mind," apparently as well as ever in their lives. The very first I would hear from them, in not a few instances, would be that they had returned like the sow—that we read about. To insure the desired permanency let the law be held over him, *in terrorem*. Let him understand that relapse into former habits means return to the institution. Let him be impressed with the fact that there is no escape from it, that "day and night the gates are open" to receive him; that its privations and humiliations await him. Then when at home he will ponder and reflect when the appetite seizes him; he will hesitate before venturing on indulgence, the tendency of which he knows full well. He will say to himself, "If I go on a 'lark,' I shall have to leave home, I shall suffer banishment, for if I drink, I shall get drunk and if I get drunk the asylum awaits me." Is it not apparent that thus the remedy is reached? If there is a remedy to be found that is practicable, efficient, sure and permanent, it is this, in my humble opinion. Drunkenness can not be cured by moral suasion, nor by the frowns of public opinion. Dr. Everts expresses the thought most beautifully. He characterizes the habit as stronger than love, and asks "what power can be stronger than love?" I will tell you. When the demoniac turns upon his wife, his little children, his aged parents, in their gray hairs and spurns and scorns their tears and prayers; I will tell you what will drive out the devils and expel the "unclean spirit." It is the arm of the law which takes away his manhood and degrades and humiliates him. The humiliation would seem to be enough when he descends to the gutter; but when he gets up and finds himself degraded, deprived of his property, divested of his rights and privileges, disfranchised and stripped of his manhood, with only the power of love left to win him back, and the most potent influences on earth have been brought fully to bear upon him. These are my views, gentlemen, upon the subject of asylums for inebriates. I do not believe they can be made fully available without such legal appliances as I have mentioned. I do believe they can be made fully so with them.

One purpose I had, Mr. Chairman, when I arose. If I understood Dr. Everts correctly, he had gotten in ahead of me in the line of thought. It was to switch off, run up, and get as nearly as

possible, even again. As to intemperance as a cause of insanity, I shall have but little to say. That it is so sometimes, even frequently, I think there can be no doubt. But there is as little doubt in my mind that it is very often, if not as often, the result or effect of insanity. It is a matter which I do not care to consider now, and not willing to occupy your valuable time, I shall have no more to say, except that I thank you for your attention.

Dr. COMPTON. Mr. President, I have a few remarks to offer upon the subject of Dr. Everts' paper. It is so admirable in its construction, in its language, and in the conclusion he reaches, that I think I could add nothing to it whatever.

It is in full keeping with Dr. Everts' paper that the progress of civilization brings about insanity; that the older the country, as a rule, the more lunatics will be found in it. The number of insane persons in England, is greatly in excess of the number we have here, according to the population. In Massachusetts it is greater than in Indiana, but I think it quite probable that in the case of California, we have one exception to that general rule, and that exception is due to the very cause alluded to as producing insanity among foreigners, persons who have left their homes on a voyage of discovery. According to Dr. Shurtleff's report, the number of insane in California, is greater than in most of the old States.

Dr. RICHARDSON. I have thought a good deal on this subject, but I fear I am not altogether unrestrained in my conclusions. I agree with the Doctor in saying that the practice of masturbation is a prolific source of insanity, and while a man may continue it after he becomes insane, it is no evidence to me that it does not frequently produce insanity. You may say that the man was insane because he took to drink, as well as to say he was insane because he practiced this habit. I have thought a good deal of the Doctor's method of treating inebriates. I think we ought to class drinking men or habitual drunkards, with insane men, and that they ought to be treated as such. The gentleman who has preceded me however, has had large experience with this subject, and knows more about it. I don't think that it requires anything further from me. I think this is one of the most meritorious papers we have had in a number of sessions, at least that I have heard.

Dr. HARLOW. I would simply say, that the subject which Dr. Everts has so ably laid before us, is one to which I have given a good deal of thought, and I am very glad he has laid it out in so

clear a light. I don't know that it would be of any practical good to discuss the various points he has presented, beyond spreading them before the public, as among the causes at the foundation of insanity. Does insanity arise from true civilization? It seems to me not, it seems to me it must be a false civilization, that would develop infirmity of brain. Is intemperance civilization? Is it civilization to drink alcoholic liquors? Is it one of the principles of civilization to disobey the laws of nature? It most certainly is not the true way of living. The true way is to obey these laws, and then, as Dr. Gray says, we should have very little of this terrible disease.

There is without doubt a hereditary tendency to insanity, and the only way, when that exists, is to live nearer the law, obey the laws of nature more strictly, more carefully. I do not know that I have anything further to say.

Dr. CALLENDER. At this late hour I do not feel like detaining the Association in discussing the paper of Dr. Everts, but take pleasure in concurring in the general expression as to its admirable style, and assenting to its main features.

It discusses one of the most important subjects presented for our consideration—the causation of insanity—and forcibly states many truths. Many of the special causes to which it alludes, however, are, in my judgment, incidental and secondary. By my observation heredity, the insane neurosis, and a constitutional predisposition to the neurosis, which are germane, and likely to develop into it, are the great fundamental causes of the disorder, and to these may be attributed eight-tenths of the cases observed.

Dr. SMITH. Mr. Chairman, as Dr. Callender has remarked, it is too late for any protracted discussion of this subject, but I can not allow the occasion to pass without saying that Dr. Everts' paper deserves the highest commendation of this Association, and with those who have preceded me, regard it one of the most entertaining and suggestive we have had, at any time, read before us. The Doctor presents very forcibly some of the prominent incidents of civilization, or influences that tend to develop that want of equilibrium or faulty organization, or, as Dr. Ray says, that something that lies back of the common exciting causes of insanity, and so predisposes some, that they became victims of the fearful malady under the operation of ordinary causes that do not affect the large majority. Among the incidents or disturbing forces of civilization, so clearly and so strikingly portrayed in the paper,

under the two terms, deprivation and excess, ignorance or the want of education is made most prominent under the first, and justly so. I believe the want of and misdirected early education exert a more wide-spread influence in laying the foundation for mental disease, than, perhaps, most other causes combined. The Doctor's allusions to masturbation and intemperance struck me with great force. My own observation, and the best information, at my command, have induced me to believe the habit of self-pollution exists to an alarming extent throughout the country, and is properly regarded a frequent cause of insanity. The Doctor thinks, and perhaps correctly, that the medical profession are responsible to a great extent for the wide-spread prevalence of this habit. It is apparent to every one that the medical profession, as a whole, come in direct contact, and form the most confidential relations with all the families throughout the country, and if each physician would impress upon the parents of all the families within the boundary of his practice the sad terrible results, physically and mentally, of this pernicious habit, in all their formidable magnitude; and that it is their imperative duty to lay aside every feeling of false delicacy and instruct their children and warn them in due time against a course, if persisted in, that will undermine the very citadel of life, who could estimate the influence for good upon this and future generations. It appears to me, Mr. Chairman, that our profession should no longer shun the discharge of a duty, so clear and fraught with consequences of such transcendent importance to society. The Doctor's remedy for intemperance, I think, is the only one likely to be attended with success. As stated, "heretofore, all the varied means have practically failed." I do not believe, with my friend from Kentucky, in destroying a man's manhood, but in sustaining it. Whenever the individual has reached the point, when his mental equilibrium is lost, and he is no longer the subject of self-control, let him, as the Doctor states, be declared of "unsound mind" and subject to constraint by law, "and make the institution" self-sustaining by variable and profitable industries. Depriving a man of his liberty a definite length of time, you give him an opportunity to introvert his thoughts and reflect upon the effect of his course upon himself, his family and society, which, in connection with proper moral instruction and influences, certainly tends to sustain and not destroy his manhood. As stated in the paper, let all discharges be conditional and a return to custody and labor, follow every relapse, and also increase the term of custody and labor with every relapse, and let it always be a fixed period

If this course should fail to accomplish the great end in view, no other occurs to me that would likely prove successful.

Dr. FORBES. The last remark or so reminds me that I should, perhaps, have been a little more explicit in some expression. The reporter for the *Press* yesterday morning made Dr. Gray to read as though he said "ornamental and physical" conditions of brain. I ought to have drawn a distinction between ornamental and physical manhood. It was not depriving one of his physical manhood that I meant, it was his ornamental, or at least legal manhood. I ought to be so understood. I will add that I approve Dr. Everts' paper most heartily.

Dr. BOUGHTON. Mr. President, it is not necessary to add to the compliments so justly paid to Dr. Everts' excellent paper. I have, during the few years that I have been engaged in this specialty, given some attention to the potency of heredity in the production of insanity. So far as my limited observations have extended, I find heredity a more prolific source of insanity than is oftentimes admitted by the friends of patients. This opinion has been strengthened by careful inquiry into many cases where both friends and the examining physician state without reservation that there is no hereditary tendency in the case, and where careful inquiry reveals abundant evidence of hereditary pre-disposition to insanity. My opinion has been that seldom do we admit a patient into the Wisconsin Hospital, in whose case you can not within two generations find relations who have either been insane, or possessed of at least marked mental obliquity, or afflicted with those hereditary diseases that so frequently occur in connection with insanity.

Another point that impressed me was Dr. Everts' remarks referring to the influence of poverty. I think I have noticed this among the insane of Wisconsin that they come largely from the foreign classes in the State. Wisconsin is comparatively a new State. The northern part of it is unproductive and the people who take up these lands are largely foreigners. They work hard, are subject to the exposure necessitated by a rigorous climate, receiving but a scanty return from the soil, or from labor in the lumber districts, they live poorly and are insufficiently nourished. From these classes I say come a large part of our insane.

Again in the southern part of the State, the counties in the mining districts present the same state of things, overwork, exposure to wet and cold, lack of sleep, and bad nutrition, which seem to develop the hereditary tendency to insanity with unusual frequency.

The condition of these people suggests to one's mind that poverty is hereditary, as well as insanity.

The class of Europeans who come to this country are largely made up of the degenerate members of the family line; they leave their own country because they are unable to make a living there, lacking, as they do, those mental and physical powers that might win success at home, and they present the same deficiency here. They constitute the unfortunate side of the doctrine of the survival of the fittest.

In Wisconsin the per cent. of insane among foreigners is more than double that of Americans.

Dr. CHIPLEY. Mr. President, the paper of Dr. Everts evinces very deep and careful thought, but it is of that character that in my opinion can not be discussed very properly without a good deal of elaboration, and requiring a good deal of time. I understand Dr. Baldwin has a paper to read to-night, and I would be very glad to hear it. I would a good deal rather listen to that paper than to hear myself talk. I shall not therefore attempt to enter upon any discussion of this subject. I only desire to make a remark, with argument with reference to the doctor's remedy for intemperance. It seems to me the proposition is, sir, to convert our lunatic asylums into penal institutions, to deal with drunkenness as a misfortune, and as a disease. I look upon drunkenness as a vice that ought to be punished—a vice that ought to be restrained by force and by punishment, and I protest against making lunatic asylums agents for this purpose with the hope of reforming inebriates by depriving them of their manhood.

If the object of the gentleman be to cure the subjects of this vice by the disgrace brought upon them by confinement, let it be in the common prison, and not in a lunatic asylum. I would dislike to have it understood that it was disreputable to become an inmate of an asylum. If they are suitable subjects for it, we do not regard the confinement of our inmates as disreputable, or that because they are inmates of an asylum, they are robbed of their manhood, or disgraced, but if this is to be a remedy for one of the great vices of society, if all the intemperate are to be punished in that way, we must have still further enlargement of the sphere of insanity. But there is no reason for it. No gentleman can give a reason for placing such persons in asylums to be treated as insane, that will not also apply to the great social vice of prostitution, probably a vice that is productive of as much evil as that of intemperance. It has carried certain destruction and ruin into

thousands of families; and there is as much evidence that you can bring on that point to prove the insanity of prostitution, as can be brought to prove the insanity of the drunkard.

Dr. SMITH. Allow me to ask a question. I understood Dr. Everts to say in addressing the Association, that he intended separate institutions for the care of the drunkard, and they were to be operated and treated the same as insane persons?

Dr. CHIPLEY. If that is the mind of the gentleman, I make no objections to the establishment, and the separate institutions for them. We know that it would require only a few weeks to restore them in that way, and we would be compelled to discharge them, and in a short time they would be back again. We know that a great many intemperate men are confined in our penitentiaries, and remain there for months and years together, and yet, the very moment they acquire their liberty, they go after the very vice for which they were convicted, and that you find them in a few months, back in the same institution, so that their treatment and confinement has no effect whatever on their habits, and does not tend to cure intemperance. You must begin, as one gentleman has represented it, within. If the person himself determines on a reform, and will abstain from the intoxicating bowl, then the medical gentlemen can come in and effect a great deal. They can afford a great deal of relief from the nervous consequences that result from intemperance; and it is, sir, my opinion, that before the medical profession can be of any service to the intemperate man, the man himself must abstain.

First, there must be a moral reformation within, before the office of the medical man can be of any service whatever. I do not wish to enter upon any discussion of the other points. There is a fine philosophy running through the paper, and the objects expressed in it would require a great deal of elaboration to discuss them and the different principles laid down. Therefore, I do not wish to enter into the discussion, but I wish to enter my protest against the recording of every intemperate man as insane. There would be no limit to it. I would venture to say that if the doctrine prevailed, and the law was to be enforced, there would not be sober men enough in Cincinnati to-night, to take care of the insane.

Dr. FORBES. There is sometimes a rule in force—I do not know whether it is so here—prohibiting a member from speaking more than twice upon the same subject. I only rise now to protest against being placed in a wrong attitude, I think I said very

explicitly, that I would have the State provide an institution for this class of patients exclusively. I would not only recommend distinct institutions, but a law very similar to that affecting the insane at present. Let it carry with it something of a penal idea, if you please, but at the same time, let it be an act contemplating the treatment of the insane, because a man who is insane from drunkenness, is as truly insane, as another who is so from any other derangement of his mental faculties. As I said before, he is not more nor less. Treat him as insane, discharge him when cured, but still let him remember that the same law which sent him before, will send him back, in the event of his falling into his old habits. I know one instance, where a man was tried and convicted upon a writ of lunacy, which was from drunkenness. It had the effect of reforming him without his having been sent to an asylum. The law cured him, in my opinion, just as certainly as twenty grains of quinine ever cured an ordinary intermittent. It placed his property in the hands of a committee, and reduced him to the condition of a minor. Such I believe will be found to be the effect generally where tried. I only rose Mr. Chairman, to try to make myself more fully understood.

Dr. ENSOR. Mr. President, I did not intend to say anything upon the paper, for I do not feel that I am competent to discuss it. But I think I am in possession of a few facts which I wish to add in support of the position taken with reference to drunkards. I think I can give a little testimony on this point that may be of some value. In South Carolina, as elsewhere, we have a great many drunkards, chronic habitual drunkards. There is no Institution there for the care or reformation of this unfortunate class. The consequence is that when these inebriates become so bad as to be a nuisance in the community, or an intolerable burden to their friends and families, or as sometimes happens, a desire for reformation comes over them, and they, feeling their own weakness, ask to be sent to the Asylum, they are examined in conformity to the law for lunatics, and declared to be lunatics, and are sent to the Asylum for lunatics, as such. They are put upon the same footing precisely that the other insane are. They are dispossessed of their legal manhood, and are as dead to the law as any other lunatics. They are not only detained then as lunatics till they are over the immediate effects of a long debauch or delirium tremens, but they are kept there for many months, until they are supposed by the officers of the Institution to have sufficiently recovered their moral powers, and I hold that drunkenness is but a form of moral

insanity. I say they are kept in the Asylum till they have sufficiently recovered to abstain from the intoxicating bowl. They come to see the terrible consequences of their habit, and in most instances to feel an earnest desire to abandon it. Many cases leave the Institution entirely restored, and do not resort to drink again. But there is another feature in the evidence, I propose to present, that I think a little more to the point, showing forcibly the necessity of some such law, as the gentleman, who has just addressed you, has indicated. When this class of our inmates are sufficiently restored to warrant their leaving the Asylum, we are not in the habit of giving them a final discharge at once, but grant them a leave of absence or discharge them on probation, put them on their good behavior, if you please. We say to the drunkard when he leaves the Asylum, now, sir, you are not discharged, you are simply allowed to leave the Institution on trial, as it were, as long as you behave yourself, as long as you keep sober, and do not fall into your old habits, you will not be remanded to the Institution, but remember you are still under the jurisdiction of the Asylum, and the moment you fall into your old habit of drunkenness you will be arrested and placed in the custody of the Institution. This, I think, has a good influence, he does not want to return to prison, he does not want to be deprived of his liberty, and the constant dread of being placed in the Asylum again, is, I believe, a great aid to the reformed drunkard. Of the considerable number that we have had under our care during the past several years, only one has not been permanently benefited. I believe, therefore, that but few drunkards would not be permanently benefited, if not entirely cured, by a somewhat extended sojourn in an Asylum, or some other place of confinement, where they could receive medical and moral treatment. I believe with the gentleman who has just taken his seat, that if laws were passed in each State that would put the drunkard upon the same footing with the lunatic, and require his confinement in an insane Asylum or some other Institution established for the purpose, immense benefit to society would be the result.

Dr. CHIPLEY. May I ask the gentleman a question? He says it has a wonderful effect upon this class of persons and that only one has fallen from grace. In Cincinnati they have a workhouse in which there are hundreds of persons confined for drunkenness and acts resulting from it. The law requires them to be confined thirty, sixty and ninety days. They are confined for drunkenness, and put to hard labor, cracking stone and living upon

very hard fare, and they remain there for the length of time I have stated, and are then discharged with the threat that if they are again sent up for drunkenness they will be put to the same labor and the same confinement. Now I desire to ask the gentleman wherein his authority can have more influence than that threat which the law holds over these men; that if they disobey the law again and become drunkards, they will have to be restored to the workhouse?

Dr. ENSOR. Many drunkards do not have the same repugnance to a workhouse that they do to an insane asylum. It should not be the case, but almost every one has a mortal horror of a lunatic asylum, and that perhaps operates on the mind of the drunkard to restrain him in some degree. Besides, the drunkards who go to the workhouse are a very different class of men from these who are placed in an asylum. Moreover there is nothing done in the workhouse to improve the man's moral character. As a usual thing the food is bad, the association is bad, and the whole moral atmosphere of the place is bad. What improvement could be expected from thirty days' confinement in such a place! I do not know how else to account for it. I was speaking chiefly of my own observation and experience.

Dr. BALDWIN. If a patient dies while absent is the death reported?

Dr. ENSOR. If a patient is absent several months and does well, he is finally discharged. If he should die before receiving his final discharge, his death is recorded on the books of the Institution.

Dr. BALDWIN. The question that arose in my mind was simply this. Would not a man who had been discharged in this way, have a good right to obtain the relief of a writ of *habeas corpus*, and be removed from the jurisdiction of the asylum? This can not be done in the case of an insane man. But you keep a drunkard and who probably has never been a lunatic in that way, and deprive him of his liberty, I doubt whether any law in the land would sanction that. It may be so in your State. I do not know the laws of the different States; if that is the law I would simply ask for information. I know it could not be done in Virginia.

Dr. RAY. It can not be done in Pennsylvania.

Dr. GUNDY. Any man can ask the right of *habeas corpus*.

Dr. BALDWIN. Is it a legal proceeding to hold a man in subjection to the rules of an asylum for three or four months after his sanity has been established? Is there a regular legal enactment that would justify such action?

The PRESIDENT. The question is scarcely germane to the discussion of this paper. Under the common law, that prevails in every part of this country, such a party would be at liberty to resort to the writ of *habeas corpus*, and if discharged by the court, he would be as free as anybody. The course that would be pursued would depend entirely upon the condition of the patient, and the view of the court, just as it would in all other cases, in which the state of mind was the question for judicial decision.

Dr. EVERTS. Under the circumstances I should feel no disposition to reply. I would simply say, for the benefit of my friend, Dr. Chipley, that the principal object of this method of treating the intemperate, or drunkard, is to relieve our insane hospitals of their presence. Six years ago I drafted a law, having this object in view, for the State of Indiana, but did not succeed in getting the bill passed. The object is to make a State institution for that class, and make it self-sustaining, providing that it be sustained by their own labor, and giving credit for all they earn by their work. I think that I can answer the question that has been propounded to my friend from South Carolina. The difference between the influence exerted upon men discharged from the insane asylum, and those from a workhouse is, they are better fed, better clothed, and more humanely treated in the one than in the other, their self-respect is increased and built up, and they go out from the asylum better men than they do from the wards of a workhouse—they go out with an apprehension that they have lost the respect of their fellow citizens.

On motion, the paper of Dr. Everts was laid on the table.

After discussion in regard to the proper mode of proceeding, it was, on motion, resolved that Dr. Baldwin read his paper to-night, and that a meeting be held in the morning for discussion.

Dr. Baldwin then read his paper on "Furloughing Patients."

On motion, the Committee on Resolutions was requested to present their report.

Dr. A. E. Macdonald then reported the following, which were unanimously adopted:

Resolved, That our visit to the Pennsylvania Hospital for the Insane has afforded us the opportunity of discovering how well-

deserved are the confidence, which has so long and generally been extended to its management, and the celebrity, which it has attained, and that to our esteemed associate, Dr. Kirkbride and his lady and to their solicitude for our comfort, we owe it that our visit was socially, extremely pleasant, as well as professionally, extremely profitable.

Resolved, That we are indebted to Dr. Worthington and his associate officers for one of the most pleasant incidents of the occasion in our visit to and inspection of the Friend's Asylum for the Insane, and that the neatness, order and home-like appearance of the building, and its appurtenances reflect credit upon a society which is associated in the minds of all of us, with the records of the noblest deeds of charity, humanity and brotherly love.

Resolved, That while we gladly bear witness to the cleanliness, neatness and general good order that met our observation in our visit to the Insane Department of the Philadelphia Almshouse, and which reflect great credit on Dr. Richardson and his associates, we were grieved to see in the crowded condition of the apartments and grounds of the patients, in the want of land for the purpose of employment, and in the manifestations of restlessness and excitement, a great deficiency of those means and appliances for promoting the comfort and restoration of the inmates which are now to be found in every State Hospital in our country. In a city like Philadelphia, not deficient in wealth, justly proud of its culture and of its many institutions engaged in works of benevolence, this state of things can be designated by no more fitting term than that of disgraceful. Our own people and the stranger from abroad expect to find here public hospitals for the indigent insane, representing in the highest degree, the intelligence, humanity and ready appreciation of the improvements of the time, now witnessed in such institutions in our own and other countries. In more than one instance, we are pained to say, has the City of Philadelphia been recently exposed by men of intelligence and professional responsibility to the censure of the world, for the manner in which it cares for its indigent insane, and with the profoundest mortification—as citizens of a common country—we are obliged to admit that the censure is abundantly justified by the facts. In the establishment of hospitals by the State, sufficient to receive, without crowding, all of its pauper insane, and in that only will be found an adequate remedy for the evil we complain of, and we trust that no suitable effort will be longer neglected to obtain the required legislation for this purpose. On the part of the State, it will, in

such action, be simply discharging its duty to a class of unfortunates who are in every sense of humanity, if not in law, its rightful wards.

Resolved, That the Association considers that it has been highly honored by the presence, at its reunion, of a lady whose enlightened views and earnest practical efforts, have made the name of Miss Dix a household word in all our charitable institutions, and among all those who have at heart their well-being and advancement.

Resolved, That to the Academy of Natural Sciences of Philadelphia, we owe our thanks for a courteous invitation to visit their building and inspect their collection—an invitation which, unfortunately, owing to the press of the more legitimate business of the Association, we have been compelled to reluctantly decline.

Resolved, That to the representatives of the press of the city of Philadelphia, for their record of the proceedings, to the proprietor of the Continental Hotel for the use of a commodious and comfortable room during its business session and for other courtesies, the Association is under obligations which it desires herewith to formally acknowledge.

On motion the Association adjourned to 10 A. M. Saturday.

JUNE 17, 1876.

The Association was called to order at 10 A. M., by the President.

THE PRESIDENT. The first business is the discussion of the paper read last evening by Dr. Baldwin. Dr. Kirkbride, will you open the discussion?

DR. KIRKBRIDE. I should rather have preferred Dr. Baldwin to have been present, to hear what little I have to say, but I am perfectly willing to go on.

THE PRESIDENT. I suppose that we would all prefer to have him here, but the time has arrived, and passed, and we hope not to sit long here this morning.

DR. KIRKBRIDE. I agree with you fully in that respect, and am very much surprised to find that Dr. Baldwin is not present. If it had not been for that I do not know that I should make any remarks at all, because I think that this matter of "furloughing

patients," as it is now called, but which we used to speak of as "going home on trial," is no novelty whatever. I would not have my friend, Dr. Baldwin, suppose that he has got upon "a new departure." I am sure I have been doing this very thing since 1841, nor have I seen any indication for ceasing to do so. Each case, however, must be considered by itself, and I think that every superintendent must be the judge of its propriety, and it seems to me that we shall all ultimately arrive at about the same conclusion. I mentioned at Auburn it has been my misfortune to have many serious accidents occur when patients have been out on trial; enough, at least, to make me very careful in this particular. Now, there has been a good deal said in certain quarters about hospital made patients, but I am very free to declare that I have never known a case of that kind. I do not want to contradict anybody who has had such cases, but I must acknowledge that if in my hospital, I thought any patients were made insane by being there, I should feel that there was something the matter, either with the Hospital or with me. I should assume that as a matter of course, and I am not willing to acknowledge that either our Institution or its officers have made any cases of insanity. I have never seen a case that I could attribute to anything of the kind. Any conscientious superintendent who thought that a patient was made worse by being in a hospital would certainly recommend his removal.

Some allusions that have been made, led me to say that there has been a great deal of talk in certain quarters about patients living in cottages, and home treatment and things of that kind. Now it seems to me that home treatment has always been tried and has always failed before a patient is sent to a hospital at all. I think it ought to be tried, and I think it ought to fail before anybody is sent to a hospital. I do not think we are showing any great confidence in ourselves, if, after a short trial, we send the patients back to their homes to go over the same course again. My own experience has been that the patients, as a general rule—I do not mean to say that there are no exceptions to the rule, but as a general rule—are better and safer to remain in the Institution until they are perfectly well. I am quite sure that is the safest ground. This matter of having patients placed in detached cottages has been discussed over and over again, and I have seen no new arguments in its favor. Any one who reads the newspapers must know that there are constantly occurring the most serious kinds of accidents from insane people being at large. Some years ago I took the trouble to record what I noticed in my usual newspaper read-

ing, and I was startled to find how great was the number of accidents that were occurring. It is a fact that during that year more persons lost their lives and were injured by insane persons being at large than by all the railroad accidents that occurred during the same period.

The PRESIDENT. In what district?

Dr. KIRKBRIDE. I took the lists that were collected in the Philadelphia newspapers. I mean to say that there were more lives lost, and more people injured, than by all the railroad accidents in the United States. In particular years there have been great railroad slaughters, which would make a different result, but for that particular year, the fact was as I have stated it. Well that was saying nothing either about the great sorrow, the great grief that is brought into families. I think it is often a most serious thing to have an insane person sent into a family, especially where there are children—to have a father, mother, sister, or brother insane, and kept in the family. It is a serious question whether that should be done at all. Then again there are other things occurring, besides loss of life, and personal injuries, and domestic sorrows, as you all know; the burning of buildings, the destruction of property, and a great many things that could not have taken place, if the treatment of the patients had been in a hospital. Many of these insane acts are done too, by people from whom you would have least expected them. I do not wish to detain the Association with what is just as familiar to others as to me. I only wish it understood that I regard furloughing, or allowing patients to go home on trial, as no novelty and that it is not unattended with risk. I would further say, as I have before remarked, that every superintendent must judge for himself about all these cases and about the propriety of the measure; and that I think ultimately, we will all arrive at about the same conclusions. I must confess the more I have tried it, the more conservative I have become in this particular.

Dr. STEARNS. Mr. President, I think there can be little difference of opinion in relation to the importance of retaining patients in our hospitals until they are fully recovered as a general rule.

At any rate this has been my practice and I presume that of Dr. Baldwin. In fact the period of convalescence is oftentimes the most critical in the course of insanity and requires special care and management that it may pass into a state of recovery. During this period the mind is peculiarly sensitive to unfavorable influences in the same way and perhaps, to a greater extent than are the

lungs in convalescence from pneumonia, or the bowels in that of typhoid fever. In insanity we recognize some change in the brain as the basis of disease whatever its nature may be, and that, during the passage from disease to health, improper management may easily arrest recuperative action. Hence the importance of special care until recovery is fully established. The question then is, are there exceptions to this general rule, and if so, what are they? I think there may be, but how to describe them fully is not easy. We can not make a rule applicable under all circumstances, and therefore each one must decide for himself. In a general way, however, I would say that in cases of recurrent mania after the patient has passed through several attacks, and is recovering from another, we may discharge, trusting him or her to influences outside the institution, much sooner than we would be justified in doing in the case of one recovering from an attack the first time. In such cases I conceive that the tendency to recovery (I mean temporary recovery) is much stronger than in primary cases, as the brain has become accustomed, if I may so speak, to passing through the abnormal condition which constitutes one of these attacks.

I have once or twice sent home patients while in the early stage of convalescence from recurrent mania, when they were specially anxious to go home, the desire amounting almost or quite to homesickness, and when they were annoyed by the surroundings of the Asylum, and with favorable results. I think it is a mistake to suppose that because an Asylum is the place most conducive to recovery in the large majority of cases, therefore it is in all. There may be such peculiarities of temperament and constitution as will render an institution unfavorable to recovery, though in the earlier stages of disease it was the best place. Again, I think the exigency of circumstances may be such as to warrant the furloughing of patients. An institution may be full while there is pressing need of admission by those who are suffering from acute disease, and with no other provision for treatment. It may be better to take the risk of unfavorable results than to fail in providing for those greatly needing admission. The surroundings of patients when in their own homes, may also be considered an element in the question. A patient could return to a home in the quiet of country life, much sooner than if his house was in a city, and when he would be at once surrounded by the excitement and activity attendant on a residence there. I fully realize the importance of great care in the selection of these cases, but with such care on

our part, I think the practice justifiable and the correctness of this view appears to be confirmed in a measure, at least, by the experience of our English and Scotch confrères. Each one, however, must judge for himself, and limit or extend his practice according to the character of those under his care, and the exigency of circumstances.

Dr. LANDFEAR. Mr. President, I am probably the youngest member of the Association in experience as superintendent, and I have thought that a little modesty perhaps would be becoming but still I must say that I agree with the gentleman who preceded me, that the rule should be to retain the patients until they are fully recovered. I have seen in the course of several years' observation in an asylum, very frequently beneficial results obtained from allowing persons a furlough, one of the most unfortunate things, I think, resulting from this, allowing patients to return home, is the persistence with which the friends of other patients claim the discharge of their friends, on account of the good results that have followed the furlough of other parties. I know that has been the experience in our Institution. Some exceedingly home-sick patients, for a time after being furloughed, seem to do well, but soon become worse and are returned to the Asylum. Others, although not fully recovered, are greatly improved, while a third class seem fully restored. It will not be long before the minds of some other persons in that community are impressed with the idea that their friends are in the same condition as this one who has been furloughed, and insist on their being discharged. I think that every one must be his own judge. Every superintendent, by watching these cases and observing them closely, can decide for himself, whether they are fit subjects for a furlough.

The PRESIDENT. Mr. Wells, a member of the Board of Public Charities, of Pennsylvania, is present. The Association would be glad to hear any remarks that he may be pleased to make upon the question before the Association, which is the practice of furloughing patients from our Institutions for the insane, or discharging them, before they are supposed to be recovered, on trial, with the hope of benefiting them by such a discharge or residence at home.

Mr. FRANCIS WELLS. Mr. President, I am not here this morning to take a part in your debates. I came in response to your very kind invitation extended to our Board to take a seat in your body, and to apologize for the tardiness of our response. But the Board of Public Charities was called out of the city yesterday, on duties

which occupied the whole day, and it was therefore impossible for us to make our respects to you at an earlier moment. I have only come in this morning at your closing session to acknowledge the courtesy that has been extended to our Board, and to explain why we have apparently been remiss in responding to it, as very gently conveyed to me just now by my old and worthy friend, Dr. Kirkbride. The subject, that you are now discussing, is one which I think is a scientific question belonging to you, gentlemen, to discuss and determine and to act upon. It is not one of those questions that come more directly within the scope of the duties and consideration of the Board of Public Charities.

I would therefore prefer not expressing any opinion on the subject for the simple reason that I do not think that my opinion would be of any value.

It would gratify me very much on behalf of the Board of Public Charities, if I might crave the indulgence of the Association for a very few moments, and call your attention to another point, connected with your Association, which interests us greatly, and which, while it is not in the exact line of the debate now going on refers directly to the subject which was principally before your session yesterday. If the Association will grant me the privilege of a very few moments of its time for this purpose, I shall be most happy to avail myself of it.

The PRESIDENT. Unless objection is made you will proceed.

Mr. WELLS. I only desire, sir, in behalf of the State of Pennsylvania and the Board of Public Charities, which represents the State of Pennsylvania, in relation to the insane poor, to correct a very grave misapprehension which has gone out to the public, unwittingly I am well satisfied, in the publication of the proceedings of your highly respected body yesterday. It is important that that misapprehension should be corrected promptly and while you gentlemen are all here together. I want to state here very simply what the State of Pennsylvania has already done in regard to the relief of the insane poor of Philadelphia. It is evident from the resolution adopted by your body, yesterday, that the Association is under the impression that the State of Pennsylvania has done nothing to relieve the great want now existing in the Philadelphia Almshouse. Your resolution called upon the State to do something. My esteemed and respected friend, Dr. Ray, expressed to you, yesterday, the conviction, which is the conviction of the Board of Public Charities, that the State of Pennsylvania is bound to do for its Philadelphia insane poor what she has done for

the rest of the State, and the State of Pennsylvania has now taken the most important step in that direction, for which credit is due and which should be clearly understood by your Association, representing, as it does, the care of so large a portion of the insane poor so far as hospital care is concerned in this country. Two years ago the Board of Public Charities suggested to the Governor of this State and urged upon him the matter of a recommendation to the Legislature of the State, that a provision for a hospital in this section of the State for the relief of the Philadelphia Almshouse, should be made. Governor Hartranft promptly responded to that suggestion and in his two last annual messages, urged upon the Legislature, the importance of such a provision.

At the last meeting of the Legislature, a bill carefully and thoroughly prepared by the Board of Public Charities of this State, was presented to the Legislature and urged upon its favorable consideration. That bill provided a hospital, the main object of which is to relieve the insane poor, whose condition distressed you, gentlemen, so much and so naturally in your visit on Wednesday last. We have not, therefore, left this matter to cure itself by becoming still worse than it already is, as was suggested yesterday, but we have been earnestly engaged for two years past in providing the relief which the State of Pennsylvania has now bountifully provided. When this bill was introduced in Harrisburg, it met with skilful and determined opposition, which took the form of a counter-measure of legislation, which aimed at providing a hospital in the State of Pennsylvania which should exclude from its benefits the very class that we were laboring to relieve, to wit, the insane poor in the Blockley Almshouse. It proposed to provide hospital accommodation for certain counties of the State which are now provided for in existing hospitals. That object was finally overcome, and that project was defeated, and the State of Pennsylvania has provided a large accommodation in the form of a hospital, capable of accommodating, at least six or seven hundred patients, if necessary, to relieve the very want which we have ever since the Board of Public Charities has been in existence, been painfully aware of in Dr. Richardson's Hospital. I want to place it upon your record, that the State of Pennsylvania has done this already for the insane poor. She has done for Philadelphia, now for the first time, what she has hitherto been doing for the rest of the State.

Now, sir, I want to correct one more most important misapprehension that has been sent abroad. I wish to correct the im-

pression, which has most unfortunately, I say it with the utmost kindness and courtesy to the gentlemen who have conducted your debates, most unfortunately been given to the public and to yourselves as representing all the States in this Union, that this project which had not in view at all the relief of the insane poor of Philadelphia Almshouse, was defeated by men, I will quote as accurately as I can from the published reports. "Men who desired to handle the funds appropriated by the State of Pennsylvania, for the erection of a hospital at Philadelphia." I am glad to come to you this morning, sir, and in behalf of the Board of Public Charities, say here, that that project was defeated by the Board of Public Charities openly, thoughtfully, conscientiously and properly as we believe; and in stating this fact, I think it is all that is necessary for me to state, to correct the misapprehension that has gone abroad, that it was defeated by men who desired to handle the public funds or any other funds. You will see, gentlemen of this Association, that it is very important for the honor of Pennsylvania, and for the honor of Philadelphia, and for the honor of the Board of Public Charities, which represents Pennsylvania, in the care of the insane poor, that it should not go upon your records, and to the community through your proceedings, that the Board of Public Charities of Pennsylvania, is doing its work in this State, for the purpose of handling the public funds in the erection of public hospitals.

Dr. KIRKBRIDE. That was never intimated nor intended.

Mr. WELLS. I do not believe it was.

Dr. CURWEN. Excuse me one moment. I made a statement yesterday which the printer has published very incorrectly. I had no more reference to the Board of Public Charities, than I had to myself. The statement I made yesterday was simply this: "All the opposition to this project for a hospital in Philadelphia, came from members of the Legislature, who stated to me distinctly that they were afraid the money appropriated by the Legislature for that purpose, would pass into the hands of a certain class in the city, who would not allow it all to be used for the purpose designated, and that deviation they wished to prevent."

Mr. WELLS. I have taken it for granted that it was a mis-statement; you have all seen the statement, and, I think, can appreciate the position in which we have been unfortunately placed, a position partially due to the fact that the Board of Public Charities, in relation to this work for the Insane poor of Philadelphia, has not been credited with the work which it has already done. Now, there

was no other project; the project that was defeated before the Legislature, was not a project for the relief of the insane poor of Philadelphia at all. It was a project for the construction of a hospital that lay altogether outside of Philadelphia. That was the project that was defeated. That is the project that I referred to as having been defeated, through the influence and direction of our Board, and I only wanted to come here this morning, and so far as we were concerned, set the matter right. So far as it concerned others, they must take care of themselves. I know nothing about them. I only want to come here and say that we want it distinctly understood by this Association, which is a power in this land, as it ought to be, that we have been laboring for years to relieve that which has been a crying evil in the State, and that we have at last accomplished that which your Association, yesterday, by its resolution, expressed the hope would be accomplished at some future time. I think it would be gratifying for you to know that a work of necessity, which you appreciate so highly, is already begun, and before you shall meet in Philadelphia again, I have no doubt at all that that work will be far onward towards its completion. That is all I desire to say in regard to that matter. I would only like to say a single word, sir, before I sit down, on a little different subject, and that is to express my regret that I was not summoned to Washington, during the recent investigation, to add my testimony to our unfortunate and persecuted friend, Dr. Nichols' character, before the country. I have made repeated visits to his hospital; I knew it well as I knew its superintendent well, and I must say, gentlemen, that if every one of your hospitals can sustain an investigation as well as the Government hospital, at Washington has done, you are a happy company of gentlemen, and eminently worthy of the position which you all occupy.

Dr. KIRKBRIDE. I think I shall have to say a word or two on this subject, I know that my friend's relations to me are such that we generally talk freely to each other and about each other.

Mr. WELLS. Yes sir.

Dr. KIRKBRIDE. I think I know the disposition of the Board of Public Charities, and I believe that they would provide for every insane person in the State if they could do so.

Mr. WELLS. Yes.

Dr. KIRKBRIDE. And make the best hospital provision for them, but when my friend says the work we recommend is already done I can not agree with him.

Mr. WELLS. I do not say it is done, I say that work is already begun.

Dr. KIRKBRIDE. As I understand it, this is the actual state of things in the Almshouse. I think that perhaps, the report that is taken down might give the impression that a great deal of work has already been done, while I think very little, comparatively nothing, has been done to relieve the Almshouse. After you hear my statement you may judge between us. The State of Pennsylvania, as I understand, and I hope Mr. Wells will correct me if I am wrong.

Mr. WELLS. I will with pleasure, Doctor.

Dr. KIRKBRIDE. The State of Pennsylvania, I was about to say has made an appropriation, of what amount do you think? Of \$25,000, and for what? Why to begin the provision for twelve hundred insane people now in the Philadelphia Almshouse, and also to provide for the insane of six other adjoining counties! Now that in my estimation is a perfect farce. How long at that rate will it take to complete it? The Hospital that was recommended by the Medical Society of the State of Pennsylvania, to which and to its very active and intelligent committees, I must say we are indebted, more than to all other causes combined, for the last two hospitals for which the State has made provision, I mean that at Danville, and that at Warren, recommended that a hospital should be provided for this south-eastern district of the State particularly, and excluding the City of Philadelphia. Why did they propose to exclude the City of Philadelphia? Because they regarded it as a folly to think of putting the insane of Philadelphia with the insane of six other counties, in one hospital. We all agree that six hundred should be the maximum for any hospital, and do we wish to exclude Philadelphia from the State's bounty? Far from it. We wish Philadelphia to have two hospitals for herself in addition to the hospital recommended for the south-eastern district of the State, and my friend knows, as well as any one, that in addition to the State Hospital recommended for these counties of Pennsylvania, two hospitals of the largest capacity are wanted for the City of Philadelphia. My view has always been, as it is now, that the State should make that provision. The City of Philadelphia pays a large proportion of all the taxes collected in the State, and our afflicted people have the same right and the same claim to the protection of the State, and for its supervision and government of these institutions, as the County of Berks, or any other.

Now I can not but believe that it was very unfortunate that this project of the State Medical Society was defeated. The project to provide for the insane of Philadelphia has never been opposed by those connected with the hospitals for the insane of Pennsylvania. They have been the most earnest advocates of such a measure and that they are so is on the record. I make these remarks to show that there are two notions on this subject, and that the medical profession of the State do not merely agree with the Board of Public Charities, and that any want of success is evidently not the fault of any of your members. I have the highest respect personally for the members of the Board of Public Charities, but I think that, in this matter of caring for the insane, the medical profession have a right to an opinion as to what is best as well as these excellent gentlemen to whose philanthropic labors I would give the highest credit. I think I appreciate them as highly any one else, but the City of Philadelphia wants two hospitals of her own, for the accommodation of her twelve hundred insane instead of what you have seen in the Almshouse, a state of things which ought not to be allowed to exist for a single day. My own plan, long since suggested, I think, would have met the case, and this was that a hospital should be put up at once for six hundred male patients, while the six hundred females remaining could have been comfortably accommodated in the present building until a second hospital could be provided for them.

If we can not do all this, Mr. President, we shall never do what ought to be done for the City of Philadelphia; no other plan, certainly nothing less, will meet the present urgent wants of this community, or remove the opprobrium which now rests upon the city, to which belongs the honor of making the first hospital provision for the insane in America.

Mr. WELLS. The Doctor asked me to correct him where he was wrong. I will do it very briefly. I did not think my remarks would run into anything like a debate. I will correct the Doctor where he is wrong, as he kindly asked me to do. The bill which has been passed does not only carry with it an appropriation of \$25,000, but it provides for an appropriation of \$600,000, which it will undoubtedly get as rapidly as the money will be wanted. We would have asked for a larger sum at the outset if we could have got it, but those of us who are acquainted with Pennsylvania finances, and Harrisburg legislation, knew that we must ask for such an appropriation as we could get, and be satisfied with what we got. It certainly would have been a very poor provision to

make \$25,000 do the work for twelve hundred patients in Blockley Almshouse, but this bill was limited in its scope to about half that number, so that really the bill provides exactly for such a hospital as Dr. Kirkbride has said was in his mind.

Dr. KIRKBRIDE. On the other hand, six counties are added to Philadelphia.

Mr. WELLS. Two of the counties were added on that bill not by the Board of Public Charities at all. They were forced on to that bill, under circumstances which I need not discuss now, because it would lead us off into a wider discussion than would be proper. It was not part of the scheme of our bill at all. Our purpose was simply to make provision for the extreme southeastern corner of the State. You know the counties of Delaware and Chester are small, and have very few insane poor requiring hospital accommodation, and it did not make any difference in the main scheme. The hospital is designed for six hundred people, and as they are to be removed from the Blockley Almshouse, it will afford exactly the relief which Dr. Kirkbride has long looked for and desired. The other bill which I find for the first time, is credited to the Medical Society of the State of Pennsylvania.

Dr. KIRKBRIDE. Yes it is so undoubtedly.

Mr. WELLS. It excluded the City of Philadelphia entirely from relief, and the purpose appeared to be to try to force Philadelphia to take care of her own insane poor. There is no reason why Pennsylvania should not take care of her insane poor in this county as she takes care of the other insane poor of the State. There is greater reason why she should take care of the insane poor of Philadelphia. Philadelphia pays one-third of the taxes of Pennsylvania, and is therefore pre-eminently entitled to State care and State provision for her insane poor. This bill is, of course, inadequate to take care of the twelve hundred people in the Blockley Almshouse. It is not necessary, as Dr. Kirkbride has indicated to you, and he is right in so saying, it is not necessary for the relief of that number, that you should take the whole number and put them in another house, in fact it would not relieve their crowded condition. But if we take half the crowd away we do relieve it eventually. This is what this Hospital proposes to do, and when Pennsylvania has built this Hospital, which she will build as rapidly as she can, consistently with proper building, she will have taken away the odium which now rests upon her, and which you, gentlemen, have openly and naturally expressed in regard to the condition of the insane poor. I do not believe there is any differ-

ence of opinion on the subject at all, between the Board of Public Charities and the medical gentlemen around me on this subject. I believe that we all desire the same thing, though we may not work by the same methods, or exactly on the same lines. I only wanted to say at the outset, that the work that has been done by the State of Pennsylvania for the insane poor, should be recognized at this time by your Association, and that it should be distinctly understood, that in carrying out the project, that has been carried out, no motive, no interest, no impulse of any kind has been at work, of which I have any knowledge, such as has been complained of by Dr. Curwen this morning, as having been instilled into his ears at Harrisburg, by members of the Legislature. I presume that our Legislature is not different from all other Legislatures, but we can find here and there, even in a Pennsylvania Legislature, a gentleman who will suppose that legislation always puts money into the pockets of some one here and there. Perhaps there are such men even in the Pennsylvania Legislature. I only wanted to prevent any imputation from falling upon our own Board, which I knew was not meant to be put upon it, and to state clearly to you here to-day what Pennsylvania has done for the insane poor of this city.

The PRESIDENT. The Chair is under the apprehension that the subject is now well understood, and that the corrections that Mr. Wells desires to make will go upon the record, and any misapprehension will be removed.

Dr. KIRKBRIDE. Mr. Wells is entirely satisfied that the Board of Charities is not intended to be referred to in the slightest degree.

Mr. WELLS. I am, if I had supposed that for a single moment, I do not think you would have seen me to-day.

The PRESIDENT. The subject of discussion will now be on the paper. The gentlemen will confine themselves to the subject of the paper.

Dr. KEMPSTER. Mr. President and Gentlemen, it occurs to me that Dr. Baldwin may have overlooked one point, in reference to the removal of persons who are still insane from the English Asylums. There is a great difference between the methods pursued abroad, and those followed in this country. As I understand it, when English Institutions desire to get rid of any of their insane, they are drafted from the institutions devoted to more acute cases into those prepared for chronic cases, or into the workhouses. Until recently they were not at liberty to allow persons to return to their homes. Many of the members of this Association will

recall the discussions carried on by superintendents in England and elsewhere upon the continent, relative to the dismissal of patients from hospital supervision, and permitting them to return to their homes, or to the care of persons who were allowed a small amount per week by the government to look after the so-called quiet and harmless insane. I am not aware that Dr. Baldwin has alluded to this matter in his remarks upon the quotations made by him from the English reports.

In looking over the reports from the American Institutions for Insane, it will be found that a large number of persons are annually discharged improved, that is, they have left the Institution, not cured, but so much benefited that it is considered safe to permit them to return to their homes, a practice however, which I believe to be of questionable propriety, but which necessity seems to demand. I think that the condition of those who are thus discharged, and the condition of those whom the Doctor would furlough, and whom our English brethren have lately permitted to go to their homes, is precisely the same. I do not believe that there is a superintendent in this country, who would retain a patient in his institution for one day, if he believed that person would be benefited by returning home, whether the case was acute or chronic. I was struck by the remarks made by Dr. Kirkbride, that the home treatment had been generally thoroughly tried before the person was brought to the hospital. Another point must not be lost sight of, I allude to violent acts committed by insane persons, and especially killing and arson.

Some years ago, while connected with the New York State Lunatic Asylum, I looked up and made a record of the mental condition of those persons who had committed these acts, prior to admission to the Asylum, for a series of years, and I was astonished to find that the great majority of overt acts of this character had been committed by persons who, up to the time of the commission of the act had been regarded as insane, but quiet and harmless, very few acts had been committed by the maniacal. Subsequent experience has confirmed the inquiry instituted at that time, and the reports from the several institutions, so far as they mention the fact at all, bear out the statement, that the acutely maniacal rarely commit either arson or murder, and that the majority of these acts are committed by those who have hitherto been regarded harmless, excluding those who kill while in a condition of epileptic fury, or who are in the somnambulistic state which sometimes follows an epileptic seizure; and there are but

few cases of recovery where murder or arson have been committed by maniacal patients. At the present time there are in the Institution at Oshkosh, nineteen persons who have committed arson, and three who have taken life, and of these twenty-two, not one was considered dangerous before the act had been committed. Of those who had committed homicide, one in particular has attracted notice; this was a lady, who, for some years, had been regarded eccentric, and by many insane. She had traveled extensively, had been abroad, and had visited many places of interest in our own country, and every where had attracted attention by her peculiarities, but no one supposed she would commit a terrible act. After a railroad ride of several hundred miles, she took a carriage at the station, inquired for the residence of a prominent physician living in Milwaukee, rode to the house, and quietly asked a little boy, a son of the physician she sought, if his father was at home. The father came to the door in response to her summons, and was immediately shot down, and died in a few hours. She then asked the coachman to drive to the office of another prominent physician, but the driver feigned ignorance of the locality; she then drove to a hotel, and went to her room as though nothing unusual had occurred. At the time the plea of insanity was offered, and any number of people testified that they believed her insane, and several repeated the delusion she had expressed prior to the time of the killing, which was that the person she had shot had thrown bad odors after her all over the world, and that she could not get rid of them. The case is not yet decided.

The history of this case is but the repetition of many similar cases that have attracted the attention of the public for years. In the *AMERICAN JOURNAL OF INSANITY* for July, 1875, Dr. Gray published a paper, giving the history of fifty-eight insane persons who had committed homicide. Of this number thirty-three were classified under forms of insanity not liable to outbursts of maniacal violence, and there were but few of them who committed the act while in a maniacal state. The majority were quiet, and so-called harmless. This fact is in itself sufficient to warrant us in retaining until cured, or relieved by death, all insane persons.

Dr. A. E. MACDONALD. Mr. President and Gentlemen. This question of furloughing patients is especially one upon which we can lay down no general rules. Decision in each instance must depend upon the peculiarities of the individual himself, upon the nature of the institution in which he is, and also to some extent upon the locality in which the institution is placed. I think that

has been shown indirectly by one thing in Dr. Baldwin's paper. He spoke of a certain case as showing quite an interesting peculiarity, and went on, if I remember rightly, to explain that the interesting peculiarity was, that he was jealous of his wife. There *are* localities where this would not be considered as a striking peculiarity.

Dr. BALDWIN. I did not mean it in that respect.

Dr. MACDONALD. I thought your State might be different from others. Speaking therefore altogether of my own State, and my own Institution, I find arguments against the paroling of patients, first, in the law of the State, which, although others have interpreted it differently, does not seem to me to justify any superintendent in paroling a patient that has been committed to his asylum. I fail to see how the intent of a commitment to an asylum, explicitly designated, can be held to justify the patient's freedom, and residence away from the asylum, perhaps many miles, and perhaps out of the State altogether. In the Institution itself, I find in the class of patients I receive, an argument against it, inasmuch as they come from the lower classes, where insanity is produced largely by intemperance and want of food, their being thrown out of employment, and so forth. A parole with them would mean their return to the conditions which produced their insanity, and could scarcely be looked upon as a wise measure.

If I appreciate Dr. Baldwin's object in the paper, it was to establish the wisdom of granting leave of absence, but I think the cases reported scarcely justify that conclusion. If I remember rightly there were fifty odd cases and out of that number one committed suicide while away from the asylum, and another shortly after his return. Had all the other cases been improved by the furlough, (which I do not think was shown,) to my thinking the evil result in these two cases would out-weigh the benefit obtained in the others. Dr. Baldwin also quoted from the experience of Dr. Landor which has been given to us in a recent paper in the *JOURNAL OF INSANITY*, but I do not find in Dr. Landor's paper convincing evidence of the wisdom of furloughing. I think most of his cases may be accounted for in the way Dr. Kempster has suggested, namely, that patients, whom most of us would discharge improved, are sent upon trial, and at the end of a month or more, if they do not return to the asylum, it is taken as an evidence that the improvement has progressed to recovery. This would seem to be shown from the fact that several names appear twice upon the list. Being discharged they have shortly afterwards returned to be again

paroled as improved, and again discharged as recovered. The only difference is this, that we are content to put upon our record a certain number of cases as improved, while others do not discharge them until they consider themselves justified by their continued absence in taking them as recovered. We suffer somewhat on our per centage of recoveries and that is the only real difference.

I find, also, in Dr. Landor's list a number of patients paroled after a short stay in the asylum, and in the column of remarks in the entry, "said to be an epileptic." I should consider it very hazardous to release, after a short residence in an asylum, a man who is said to be an epileptic, and, therefore, probably dangerous in many ways, without settling the point decisively. I have had no actual experience in paroling patients, because I was convinced from the record left by my predecessors in the Asylum (who were in the habit of granting paroles,) that it was unwise. I found that the applications for such paroles did not come in the cases of those patients who might at all be supposed to offer any hope of improvement by the parole. They were mostly made in behalf of chronic and incurable patients, and especially, of two classes; the first, young men addicted to masturbation, who, in the week or two of their absence at their homes, found ample opportunity of practicing that vice, and always returned very much deteriorated. The second class comprised a number of married men, of middle age, who were taken out by their wives for a short time for a purpose that need not be expressly stated, and who also returned very much deteriorated. One instance I quoted last year, of a man, who, upon being arrested for the murder of his wife, and being searched in the police station, was found to have a pass from one of my predecessors in his pocket. Such a case would be to me a justification for stopping the practice altogether, even if it should entail some sacrifice or inconvenience upon others.

Dr. SMITH. I have very little to add, Mr. Chairman, but must say I am pleased to see the unanimity of sentiment which seems to pervade the Association on the subject of paroling patients. I think, as other gentlemen have said, that it is a matter that must be determined by the superintendents of our different institutions, each one for himself, according to his locality, surroundings, and the peculiarity of his patients.

In Missouri we have the privilege of discharging chronic and demented cases, regarded incurable to make room for those of recent date. During many years past we have discharged quite a number with this object in view, but not as paroling them. When

necessary to pursue this course, to enable us to admit acute cases, we have always selected the quiet and inoffensive, and never the homicidal or suicidal, or those who would likely be dangerous in their families or the communities from which they came, of course we can not tell what changes may occur in many patients when removed to their homes, in the midst of their families and new associations, as we are sometimes startled at the manifestation of some new delusion, hallucination or illusion, attended with tragical results, among those who had previously been uniformly quiet and harmless. Hence with our best judgment we approximate safety as nearly as practicable.

There are some cases, I doubt not, would improve more rapidly by being paroled, and occasionally, perhaps, recovery would depend upon it. I have had patients whose history and ultimate restoration seemed to be striking illustrations of the correctness of this course. A short time before leaving home, I discharged a female patient, whose intense anxiety to return home, almost from the date of her admission I have never seen surpassed. She improved regularly till reaching a certain point, after which she remained stationary, and during this stationary period, her anxiety, if possible, seemed to be heightened to such an extent, indeed, that whenever I saw her, the touching importunity to return to her home and children, and exercise a mother's watchfulness and care over them, was the beginning, the middle and end of her conversation. After remaining sometime in this condition, without the least perceptible progress, I concluded the experiment of sending her home worthy of a trial, and accordingly fixed a day for her discharge, eight or ten days from that time. Almost from that very moment she seemed transformed from one of the most restless and despondent to one of the most tranquil and cheerful patients in our building, and when the day arrived for leaving the Institution, she appeared very nearly entirely restored.

Soon after reaching home she wrote me a letter indicating unbounded gratitude and entire recovery. If this patient had remained much longer in the institution, she would, most likely, have lost all hope of ever seeing her family, and fallen into a state of despondency (and perhaps dementia, from which the welcome messenger, death, alone would have released her.

I do not wish, Mr. President, to be understood as advocating, whenever a patient has a strong desire to return home, this is sufficient reason for paroling him. Far from it, because this is one of the first symptoms, especially with those having families, as

they emerge from insanity to sanity, and as they improve, this feeling gradually subsides, and they are, then, willing to be governed by the superintendent and remain as long as he may think necessary for permanent restoration. The case given, however, is one of the exceptions to this rule. The experience of the past, Mr. Chairman, has shown that in selecting proper patients for parole the greatest circumspection and the clearest discrimination are essential. In selecting patients likely to be benefited by being paroled, I usually take those who have, for sometime, been stationary, never evinced any homicidal or suicidal propensity, or any great aversion to their nearest kindred and friends, but a strong desire to be with them and engage in such business pursuits as they have been accustomed to and understand.

Mr. Chairman, this is certainly an important subject, and, perhaps heretofore, we have not sufficiently matured it, and may have retained patients in an institution, that became incurable, that might have improved and recovered, if paroled.

Mr. Chairman, I trust the interesting and suggestive paper of Dr. Baldwin will induce closer observation of our patient, and thus prove profitable to us, and in a large degree to our afflicted households.

Dr. CARRIEL. Not having had the pleasure of hearing Dr. Baldwin's paper, I do not know whether he takes the ground that he would parole the curable cases, or such cases as offer hope of being cured in a hospital, or whether he takes the chronic and probably incurable, and sends these back to their friends with the hope and expectation of improving their mental condition. As a medical question we should say that the facilities, surroundings and treatment offered in a hospital are such as to give the insane, the very best chance of recovery, if curable. We have always felt there was more danger in discharging patients too soon than in keeping them too long. We all of us frequently see cases like that mentioned by Dr. Stearns, but this period of restlessness and homesickness is frequently a stage in the recovery. I find, as a rule, the patients who are the nearest well are the best contented. We have not been in the habit of paroling the incurable with the hope or expectation that their mental condition would be improved by it.

We are in the habit of allowing patients to leave the Hospital on a visit, to be prolonged indefinitely if the patient does well, but most of these cases come back, not being able to live at home. It is true there is a certain proportion of cases who are benefited by a

change from the Hospital to their homes, but I have seen many more made worse by removal.

The longer I have experience with the insane the more distrustful and anxious I feel about the liberties of this class. We all know there is a very large proportion of the chronic insane who have delusions and hallucinations, many of them are quiet, except perhaps, an occasional outbreak, or disposition to violence toward some fellow patient from some imagined or fancied wrong or insult.

There is a certain proportion of cases, such as Dr. Macdonald mentioned, who are troubled with feelings of jealousy at home. This class, while in the hospital, where their feelings are not disturbed, get along very well, but when allowed to go home these feelings come up afresh, and they are more or less liable to do violence to those about them. I do not see any advantage to be derived to the insane from a system of furloughing. If the insane are curable the hospital offers the best chance of cure—if incurable these sufferers are more considerately cared for in a hospital or asylum; are made more comfortable in all their bodily wants and the community is the safer.

Dr. WORTHINGTON. I would like to say a word or two for the purpose of showing the principles which guide me, when application is made by friends of patients for their removal on trial, or as it has been called, furloughing them. The welfare of the patient is first to be considered, but the interest of the institution must also be regarded. I have not seen many cases where I thought the patient was likely to be benefited by being removed in this way, and I generally discourage such experiments. I have seen a few instances where patients seemed to linger for a considerable time on the border of convalescence, or without making much progress, and after being taken home have done well, and eventually recovered, but never considered these cases as justifying such trials indiscriminately. A point which I have also been compelled to look at, is that the institution is still responsible for the event in these cases, because being obliged to record the condition at the time of discharge if the patient dies, or commits suicide during such absence, there is one more death or suicide to be placed on record, the last of which has actually happened. I therefore hesitate, and in some cases have said to the friends of the patient, if you persist in removing him you must request his discharge, as I am unwilling to take the risk.

In regard to the injury a patient may do to others during such absence, I never supposed that that was a point for me to consider,

as it is not the object of the Institution with which I am connected, to guard the community against the dangerous acts of the insane. It was not established with that object, and it has always been a rule, if a patient has committed a homicide, or any criminal violence, to refuse him admission into the Asylum.

Dr. RICHARDSON. I have very little to say on the subject except that for many years it has been the custom in our Institution to furlough patients, and it has always been at the request of friends. I have never had a single instance to record that such furloughing turned out badly. In this city the cases are all selected. We would not, if we knew it, furlough a homicidal or suicidal case. In our Institution a few persons, you may be astonished to know, pay board, and the law gives them a perfect right, or rather, it gives their friends a perfect right to take them out when they wish to do so. Four-fifths of the patients discharged from our Institution, are discharged in that way. They are taken out on furlough two months or a shorter time. If any circumstance occurs, the friends are at liberty to bring them right back the same day. The furlough is repeated from month to month, until sometimes eight months elapse when the patients are discharged. If we hear from the friends that they have been cured, we discharge them as cured; if we do not hear from them at all, and that is the case in many instances, we discharge them as unimproved or improved, according to our judgment, or the condition of the patient at the time they went away. I am very much in the position of Dr. Macdonald; my patients come from the same class, the lower walks of life, and many of them are insane from the practice of intemperance, and of course when I know the cause of insanity to be intemperance, I do not, if I can avoid it, give a furlough. Sometimes we are coerced to it. It sometimes happens the court discharges patients that we have declined to discharge. I always decline to discharge a patient who has suicidal or homicidal tendencies. I have never yet discharged them, but the courts have several times taken them out of my hands.

Dr. WALKER. I think that all of us have had patients who have been discharged at the request of friends, or upon the suggestion of superintendents that they were probably as well as they ever would be, and that there was no particular necessity of retaining them in the Hospital, if their friends wanted them at home, and could provide for them at home. I think there has been case after case in which we have been told afterwards that the patient was fully restored, and returned to his business. Now we all

know that a patient may go into the carpenter shop, and work in the Hospital without being well. He may do various things, he may even keep accounts in the Hospital, and yet be far from being a well man, or one that is safe to entrust to live in the community, but just such patients go out, and do work and the patient's physicians have certified to you, without hesitation, that they are just as well as ever and even better. Now if we are going to send such cases out, and then take such cases and place them on record on our books as cured, it seems to me we are recording words of condemnation, and I am satisfied from my own experience that the great majority of these cases are improperly recorded. I have in my own mind now a very marked case. I allude to a patient who was a builder, he had become very quiet in the Hospital, had worked for six months as satisfactorily as any patient in the establishment, and had accomplished exceedingly good work, and he was permitted to go home at the request of all his friends. In six weeks an application came to me for his discharge, because he was well. I ignored it for a whole year, and then upon a certificate of two physicians, and the application of his wife, I allowed his discharge. In two weeks after his discharge he assaulted his wife and children, and was sent to the State Hospital. I fancy that a good many of these so-called cured cases are just like that. For a short time, under the fear of being returned to the Hospital, the patient manages to do pretty well, but I think one homicide or suicide at home under such circumstances as this would outweigh in my own estimation the discharge of a dozen patients who did well at home. I do not think that this subject, so far as it regards that class of patients has yet been thoroughly considered by us all. I think it takes more than two or three years to decide any such important question as that, but in so far as it refers merely to chronic, apparently harmless and incurable patients, I think there is no difference at all in the opinion of the Association, there certainly is none in practice for our reports are full of these things.

Dr. BOUGHTON. I would simply make one suggestion in regard to this question which has not been touched upon, and that is the great influence toward cure that is found in the separation of the patient from former associations, which have been connected with the development of existing delusions. I have been impressed with the change in a patient's conduct which so frequently occurs from the moment he enters the Hospital. Reported as violent and homicidal when at home, and in his own neighborhood, now he is orderly and peaceable. The friends, perhaps, on their

first visit, recognize a sudden and radical change in conduct, and insist upon taking the patient back to his home. They do so, and almost immediately on his return to former associations and scenes the old delusions arise and assume control of the patient. The patient is again committed to the Hospital with much the same result as before. This experience is one that we have frequently had. It can in no way be attributed to medication, but to the powerful influence in diverting the mind from present channels of activity by change of surroundings, enforcing regularity of habits and submission to proper authority, at the same time that they are removed from aggravating and unfavorable surroundings. Seldom have we given paroles to a recent and curable case that we have not regretted it. The recall of slumbering or forgotten delusions, by returning to scenes, surroundings and associations connected with the rise and developments of those delusions is like the arousing of the long forgotten feelings and fancies, and emotions of childhood, that occurs, when one in later life revisits the home of his childhood. Every familiar thought, insignificant object, a stone or a tree, or an old building, calls up forgotten emotions. It seems to me, Mr. President, that recognizing, as we do, the advantages that an insane patient derives from hospital discipline in the way of enforced regularity of habits, sanitary regulations, subjection to judicious authority, and separation from former unfavorable surroundings, that to grant a parole is to surrender the most potent means yet devised for the restoration of the insane.

DR. GUNDRY. The law of Ohio has always been, so long as I can remember it, that the friends of the patients have a right to remove them at their own request at any time upon giving a bond to the Superintendent, if he deems it necessary for the safe keeping and care, except in a certain class of patients specified by law. When they are removed under a bond, they go out on their own responsibility and not on the responsibility of the Superintendent, unless he chooses to recommend it. Now there is another class of cases that I confess it will always do to send home on a visit. It is a very grave thing for a man to take upon himself to say that one man has changed from an unsound mind to a sound mind. To me that is the greatest of all questions, and I do not think that anybody ever knew whether any other man has resumed his soundness of mind, until he has been put in the same circumstances as he was when he displayed the unsoundness; therefore when I think a man has recovered and ought to go home, I always say to him and to his friends, "I am not satisfied that you are perfectly

well, but I hope you are and I hope you will continue so, but it will be better if you remain on our books, and come back within a month, if necessary." I have never marked off a person as recovered, unless it was an exceptional case, where there were legal requirements in the matter, until my own opinion has been confirmed in my own mind by the man's subsequent action at home. I wish to say one other word, and that is that we can have no sort of analogy with the customs abroad. I wish we would take that off our minds. In England the superintendent thinks a poor man is pretty well, he is not quite sure, and he wishes to try the thing, but it is attended with a great deal of hubbub there, and so this furlough system is resorted to, which helps him along and relieves him from care for a few weeks at home, they in this way try the experiment, they get over the difficulty just in that way.

Dr. BLACK. I do not know that I have any remarks of importance to submit. I have listened with a great deal of interest and pleasure to this discussion as a beginner in this specialty, and am very glad to find there is no great difference of opinion among the members of the Association on this subject; and that such was the case in the discussion that occurred at the last annual meeting, and I am very much inclined to think that if each member of this Association of Superintendents were to give his experience that we should find there was great similarity in their action in the disposition which they have made of their patients; and I think, after all, it depends to a great extent upon the circumstances under which we find ourselves situated, as to the extent to which we would go in giving them leave of absence. I have only been in charge of an asylum for about six months. During that time I have furloughed six patients and have no cause to regret it, of course the time is too short to say whether the action has been judicious, but so far I regard it as a good thing. In the cases selected I have had the concurrent opinion of the Board of Directors of the Asylum. As we are situated in Virginia it is really necessary that we should move our population as rapidly as possible. It was rightly explained last night by Dr. Baldwin that when we have a patient in the asylum, and can reasonably believe that he would do well at home, we feel it our duty to send him, in order that some other patient may take his place, perhaps a recent case which would become a chronic one, if kept in jail or kept at home. We receive our patients from all classes of society, from the best and from the worst, and mostly from the rural districts. Our cities are not large, and most of our people coming from the country are, when

sent home, not subjected to disturbing causes, as when returned to large and crowded cities. My rule has been, in the few cases I have had, before giving the leave of absence to inquire particularly into what the circumstances of the person would be at home, the surroundings, how they would be managed, and all that sort of thing; and I think really that when this matter is sifted down, we come to the point that each superintendent must and does act upon his own judgment, or discretion in the matter, and that he can not do anything more than that. I think, so far as I can judge, it is perfectly right under certain circumstances to furlough some patients while many others should not be furloughed.

Marked cases of nostalgia should be furloughed, if practicable. Patients kept in an asylum twelve months longer in that condition would probably die, when, to send them home, they would be greatly benefited. I had a case of that kind whom I sent home. He returned to his work, seems to be doing well, and is now laboring for the support of his family. While these cases may be regarded as cases of chronic insanity, I do not think we are justified in keeping them in the asylums and running the risk of their death there, when there is a prospect of recovery, or at least of improvement, when sent out on furlough. From the light which I have had from this discussion I shall in the future go on and furlough such patients as these, and others likely to be benefited, and see what I can make out of it. I think in Virginia we can do the greatest amount of good by pursuing such a system of furloughs or leave of absence, whichever you may chose to call them. We have in our asylum some patients who have been there for a long time, some of them thirty or thirty-five years. Many of these chronic cases have but few or no friends at home and one of our difficulties is to find, in numerous instances that could be furloughed, those willing, or, if willing, able to take charge of them. This seems to be frequently the case after they have been in the asylum for eight or ten years. As this is a matter of considerable interest I am glad to have heard the remarks that have been made.

Dr. CHIPLEY. Mr. President, I have no disposition to enter into an abstract argument in reference to a question where I have had pretty large experience, although it has been forced upon me. I have always had a great many persons under my care even when in charge of a State Institution, persons who came to the Institution and paid their board. They are admitted by a committee composed of two members of the Board of Managers and the Superintendent. The law requires an inquest in all other cases,

and a jury to be holden. Of course the friends of these had a right to remove them at any time and take them out of the Institution. For several years past, I have had none under my care, except by the consent of friends, or at the request of friends, and they always have been of course under the control of their friends, and could be removed at any time. I have very decided opinions on the subject. I have no recollection, and can call to mind no instance in which a case, as we term a curable case, which was in the process of convalescence, which had been taken from the hospital that it has not been an injury to the patient. I can call to mind a number of cases under my care which would have fully recovered if they had remained in the hospital, which became absolutely incurable by being taken into society before fully recovered. The result of my observations are very well expressed by the gentleman over the way; almost invariably there were two phases during convalescence, and the first where it has become pretty decided when there was a great anxiety upon the part of the patient to leave the Institution, and the stage continuing for some time up to convalescence, became more decided and almost invariably they would become reconciled, and their common expression would be, "Doctor, when I leave the Institution I wish to leave in a condition that I shall be certain not to return, I am willing to remain until in your judgment I am prepared to enter society again," and these two phases have presented themselves to me in almost all cases of recovery. Now I consider I have about as much responsibility in the care of patients, while under my observation, with all the safe guards that we can throw around them in the Institution, as long as they remain in the Institution, and under my immediate observation as I desire to assume. I will not consent to send an individual who is insane into society, and take the responsibility of his conduct. I consider that if he is furloughed by the superintendent, and stands upon the register as an inmate of the Institution, that the superintendent is still responsible for his conduct, and I am unwilling to be responsible for the patient who has gone beyond my control and beyond my observation.

There is another mistake we make in cases of this kind in furloughing. We seem to admit that parties will do better beyond our observation, and in the hands of friends, although there are some remains of disease, that the friends will manage them better than we can manage them under close observation. I would be unwilling to take credit to myself, that belongs to anybody else.

I would be unwilling to falsify my register. I would be unwilling to discharge a patient, or furlough a patient, that I was satisfied had not recovered, and let him remain at home two or three months, and there recover, and then enter upon my register that the patient had recovered. If I pursued the practice at all, I might enter upon the register that he was improved when he left the Institution; but if he recovers in the hands of friends, I think the friends are entitled to the credit, and that it ought not to appear upon the register, or that the party had recovered, when, in fact, he left the Institution only improved, and still not recovered. I think that is rather objectionable, as in the comparison of statistics, the registers would not be upon an equal footing. I have had no voluntary experience in this matter. I have made no experiments of that sort. When patients have been removed from my care in that condition, so far as I have been able to ascertain, or keep the parties in view, it was no benefit in any case, but serious injury in most of them, I have had the opportunity to observe.

Dr. BALDWIN. I am sorry I could not be here in time to hear the opening of the discussion, but I was unavoidably detained. I may say that no patient has been furloughed from the Institution that we have regarded as having any dangerous propensities whatever. We have exercised the same care in granting these privileges as we have in discharging other patients. I do not wish the Association to think that I put any man upon the community who evinces any such propensities. Sometimes in bringing cases before the Board to pronounce upon and discharge them as cured, I have felt a fearful amount of responsibility. For not unfrequently when men have been under my observation for months without my detecting any evidence whatever of insanity, there has been still something in their expression that has made me suspicious, and given me great anxiety for fear of mistaking as to the result. When I have a case of that sort, instead of giving him a final discharge, I recommend sending him home on trial—his friends entering bond to return him to the Asylum, if necessary, at the end of the stipulated term of trial. If, at the end of that time, his friends desire his discharge, it is granted upon the certificate of the family physician. Among the cases allowed to be absent, upon these conditions from the Asylum, there has been one suicide. Such a result had never been suspected either by his friends or by myself, as he had never, at any time, manifested any propensity to injure himself. In chronic cases in which we do not hope for improvement or cure, but in which the friends desire to remove the

patient from the Asylum, we allow him to remain at home under bond and under the observation of his friends for a specified time, and if at the end of that time, they still desire to have him at home, he is discharged under such bond, as in such cases the law requires. There are three ways in which we can give a patient a legal discharge; 1st, as cured, when we feel authorized to pronounce the word *cured*; 2d, as harmless and incurable; 3d, under bond, with penalty attached, to be forfeited by his friends who take from the Asylum the responsibility for his good conduct and safe keeping. But *in no case* do we permit a man to leave the Asylum whom we regard as dangerous to himself or others. But accidents sometimes happen, for dangerous propensities are sometimes developed where we had not expected them. A patient, at one time suicidal, but whom we thought to have recovered from his propensity sufficiently to be trusted, was taken away by his brother on a furlough of ninety days. During his absence the propensity returned; he was promptly returned to the Asylum, and notwithstanding a watchful care on our part he committed suicide sometime afterwards. I certainly think no man has felt the responsibility more than I have. We have many suicidal cases that have given me great anxiety, some being most persistent in their efforts to destroy themselves, while in others the propensity is developed suddenly and unexpectedly. I must say that the treatment of this class of the insane has given me more anxiety than any responsibility that I have been called to bear during my life.

The PRESIDENT. I simply wish to say that the members of this Association should exercise great caution in furloughing patients. I deem it my first duty to take care of the patients and then to the community.

On motion, the paper of Dr. Baldwin was laid on the table.

The SECRETARY. I wish to call attention to the resolution, passed the other day, that the proceedings of this meeting of the Association should be published in the July number of the JOURNAL OF INSANITY; and therefore request the members to send back to me at once their revised remarks. I will prepare the proceedings for that number of the JOURNAL if it is in my power to do it, and, if they are not in that number, the members will understand that it was not in the power of man to write them out.

The minutes of the meeting were then read and adopted.

DR. KIRKBRIDE. Before adjournment, I hope I shall be pardoned for saying to you what a very great gratification it has been to me to have the Association again in Philadelphia, now for the fifth time, and I beg leave to add, although it is rather early to decide where the Association will meet, after being at St. Louis, still if our friends from Ohio will allow us to pass over Cincinnati, I should be very glad if it should meet again in Philadelphia, where the members, as a body, or singly, will always be most cordially welcomed.

DR. WORTHINGTON. Allow me, Mr. President, to express my cordial concurrence in the remarks which Dr. Kirkbride has made in reference to the gratification which the present meeting of the Association in our city has afforded him, and also to join in the hope that Philadelphia may again, in the near future, be selected as the place of meeting.

On motion, the Association adjourned to meet in St. Louis on the last Tuesday of May, 1877.

JOHN CURWEN, *Secretary.*

SPEECH OF DR. BUCKNILL, AT THE ANNUAL MEETING
OF THE MEDICO-PSYCHOLOGICAL
ASSOCIATION, JULY 28, 1876.

Dr. BUCKNILL. Mr. President, I am sure we are very much obliged to you for your able and practical address. It deals with subjects which at the present time press for a solution, and it will, I am sure, aid us very much in our judgment as to how those important matters should be dealt with. I have rarely had the pleasure of hearing a more able and practical address, and I am sure that in the name of my colleagues and associates, I may say that we are all exceedingly pleased and obliged to you for it [hear, hear.] I am personally most gratified to see you in that chair; I do not know that any one has a greater right to be gratified than I have after the intimate knowledge I have had of you for thirty years as a friend and fellow officer, and during that long period I have become more and more deeply impressed with your moral worth and intellectual force. I hope the production of this able paper will lead you to change in some respects that which has been the habit of your life, and that we may hope for some further literary efforts from your pen which while we all knew you were so capable of using, from your having devoted your life to the practical cares of the treatment of the insane, we have not had the benefit of until the present time. There is one point in your address in which I take more interest than any other, and I am happy to be allowed to refer to it as an opportunity for asking this Association to follow your advice in their hearts and minds and to reserve their judgments as to the accusations which have been made in this country against our psychological brethren in the United States. Some of those accusations have been quite recent, and of those I will speak first. They are contained in the *Lancet* of the eighth of this month, and they are of a peculiar nature, to which I wish to draw your attention. They are mere copies from American newspapers of accusations which have not been proved in evidence; one especially is copied from the *World* newspaper of New York, and professes to be the charges made against Dr. Nichols, of the Washington Asylum, before a Committee of Congress. Now I should like to read to you part of a letter which I have from a gentleman, whose name is never mentioned among alienists without respect, on that very subject. It is from Dr. Thomas

Kirkbride, the venerable and venerated head of the Pennsylvania Hospital for the Insane, Philadelphia. He says: "Dr. Nichols is just now going through a most infamous persecution by what is called an 'investigating committee,' started by the democratic majority in Congress, with the determination to blacken, if possible, the character of everybody connected with the government. One would have thought that such a man and such an Institution would have escaped, but where the testimony of discharged employés, uncured patients, and personal enemies is eagerly sought after, in a secret investigation, there is little probability of even an approach to justice being done." Now I dwell upon the word "secret" there, not because I think such an investigation might not very properly be secret, but because it will show to you that the charges which the *Lancet* has published have been obtained either on information which has been stolen or which has been betrayed. And I ask you to put it to your own minds, whether, if such charges made against any of the Superintendents of the English Asylums were liable to be published in the medical press as if they had been proved, whether any Superintendent could ever feel that his character was safe? Dr. Nichols is the President, and has been for many years, of the American Association of Superintendents of Asylums, and he is a man who until these accusations were made, was held in high and good repute. I am far from wishing to defend Dr. Nichols from any charges of wrong doing which can be proved against him, but I do think that this is a pointed example of the necessity of your wise counsel, that we should hold our judgment suspended. I remember a short time ago a pamphlet being published in this country, purporting to have come from a Society of Supposed Lunatics, in which charges were made against many of us. They were not taken up, because we all of us had sense enough to see that a clique of crazy women and their imbecile supporters were not worth powder and shot, [laughter.] But if the *Lancet* had transferred those charges to its pages, I think that Journal would very quickly have had to pay heavy damages for libel. Dr. Nichols, I suppose, stands as a foreigner in a different position to that we should have occupied, and as he can not defend himself, such attacks are the more inexcusable. I hope I shall not be wasting the time of the Association if I refer to the commencement of this discussion, and very briefly tell you what was said by the *Lancet* in its leading article on November 13th last. It is a very consistent tissue of indiscriminate accusations against the "Mad Doctors,"

as it calls them, of America. There is no mistake it is all wool, there is no cotton in it; it is an accusation against them from the first to the last line—against these American “Mad Doctors.” It commences by dividing the treatment of insanity into three stages, the first is the barbaric, the second is the humane, the third the remedial, and it declares that the “Mad Doctors” of the United States have not made much progress out of the barbaric into the humane stage, but have remained for the most part in “that stage in which the lunatic is simply regarded as a wild and dangerous animal, from which society needed protection, and which might be kept in chains, tamed or destroyed, as convenience should dictate.” That is the charge against the “alienists” of America. It then proceeds to make special accusations against them, namely, that they “resort to contrivances of compulsion, they adhere to the old terrorism tempered by petty tyranny; that they use at least the hideous torture of the shower bath as a punishment in their asylums, although it has been eliminated from the discipline of their gaols, and worse than all, if the reports that reach us may be trusted, their medical superintendents leave the care of the patients practically to mere attendants while devoting their own energies principally to the beautifying of their colossal establishments.” These are definite charges, and it gives the reason why they should do all these things on the broad principle that “there can be no question, that the custom of slave-holding and the brutalizing *regime* from which it is inseparable, have blinded and blunted the sensibilities of the people.” I do think the *Lancet* might have asked some little boy in the street about the brutalizing *regime* and the probability is that it would have been told that the *regime* of slave-holding only extended to a portion of the States, and that it was detested in the remainder. But with great consistency the *Lancet* applies that principle to the whole of the people, as it applies its other accusations to the whole of the “Mad Doctors.” Now on reading this I felt that I should be ashamed to see the names of such men as Edward Jarvis, Thomas Kirkbride, John P. Gray, Isaac Ray, Pliny Earle and many others even in print, if it was left unanswered. I therefore did answer it in a letter in which I claimed justice for those who were innocent, admitting at the same time that there were asylums in the States, and that I had seen them, which were disgraceful. In this matter I was not consistent, at least according to the opinions of the *Lancet*, whose consistency seemed like that of King David who said in his haste, “all men are liars” [laughter, and “hear, hear,”] as the consist-

ency of the *Lancet* consisted in saying that all the people, and therefore all the "Mad Doctors" of America, were under brutalizing influences. However, the *Lancet* invited me to make known what I had seen in America, saying that, "no information could be more important and trustworthy." I accepted this invitation, and wrote my Notes. Now, I was under the apprehension that, in writing those Notes, I had expressed my sense of the evils which I saw very unreservedly, and that I might, perhaps, have offended those whom I most earnestly wished to convert, and I think that those of my associates who have done me the honor of reading those Notes, will agree with me that I did run a very considerable risk of doing so. But I attempted in these Notes to distinguish the good from the evil, to discriminate between those who were justly accused, and those who were not. Now, the *Lancet*, and I hope I am not going into a matter which may be thought personal, for the manner in which I have been treated did not greatly surprise me, knowing, as I did, that those who play at bowls must put up with rubbers, and those who contradict editors must take the consequences; but I do think it a matter of extreme importance to our specialty to know how we may expect to be dealt with by a Journal which takes upon itself the censorship of the treatment of the insane in this country and abroad. I was proceeding to say that the *Lancet*, on the eighth of this very hot month, having "nursed its wrath to keep it warm" ever since last November, "sums up" on the subject. It accuses me of having confounded the good with evil.

That is exactly what the *Lancet* itself had done in the first instance, it confounded the good with the evil; it made indiscriminate and sweeping charges and accusations, which it has not substantiated; it says I have written in defense of restraint, and leaves it to be inferred that I have tried to prop up the tottering system of restraint. I can only appeal to you to know whether that is a fair reference to be drawn from what I have written. I don't myself think it is, but the very opposite. Then it censures me because, with reference to the Washington Asylum, where I saw restraint in use, I used these words:—"It must have been imposed because it was thought the best mode of treatment." Now, gentlemen, did or could any of you think that, by my saying that, I meant to express my opinion that it was the best mode of treatment? Why, if I were to say that the *Lancet* prevents everything that an opponent writes, and that the *Lancet* thinks this a fair and candid way of conducting a discussion, none of you would

believe that I thought myself it was an honest way of conducting a discussion. Yet that is an exact parallel. I must beg, however, to tell you why I did not ask for any explanation why this restraint was used. I had been expressly told that any discussion on the subject would be unwelcome and disagreeable, and I think that after the warning, it would have been bad manners and discourtesy on my part to have demanded such an explanation. The *Lancet* also censures me severely because I did not ask to be permitted to inspect the register of injuries and accidents. Now, may I ask if any one of you, in going unofficially round an asylum, have ever asked for the register of injuries and accidents? I should like to know if anybody has done so? If he has I should like to hear him say so. I pause for reply. I suppose, then, no one has done so. Perhaps the *Lancet* Commissioner might have done so, for his knowledge of lunacy appears to consist of the crusts and crumbs of information which he has picked up in his raid upon us by unreserved questioning. But I venture to think that, as a stranger in a far country, it was right not to return impertinence for courtesy; and that to do so is not the right way to obtain or impart information under such circumstances. The indiscriminate accusations of the *Lancet* have produced in America nothing but angry opposition, but I am happy to know that the description which I have given in a more discriminating and tempered vein, has done some good [hear, hear.] I have recently had a letter from Dr. Edward Jarvis, saying that my descriptions of American Asylums are, he believes, quite true. That is something from such an authority. Then I have had letters from Dr. Landor, the Superintendent of the Ontario Asylum, who has made a tour of American Asylums since I left, and he tells me that my Notes have induced some of the Superintendents to make a trial of non-restraint. And farther, I have had other letters from America, assuring me that my Notes have awakened a desire among Superintendents to visit this country and examine our system, after the bustle of this Centenary year has passed. If books and pamphlets could have converted the Americans, they would have been abreast of us long ago, but in a matter of this kind, seeing is believing; and I have faith that, when the American Superintendents do come to this country, and carefully and conscientiously examine for themselves into our system of treatment, that they will generally adopt it. And when they do come, gentlemen, allow me to say that you will find them most friendly, kindly and agreeable men, whom you will be happy to welcome into professional and domestic circles. In their own

country they are most hospitable. In this country, I am sure they will be welcomed as they deserve to be. I should wish that this great Association should, under the circumstances, say a kindly word to them, and while I entirely concur in the wisdom of that reserve which our President has recommended, I shall ask of you to adopt a resolution which I have framed, and which I will put before you for discussion. I am not sure it is such as you will approve, therefore I submit it for alteration if you think fit. It is :—“That this Association, while reserving its opinion on the general question of the treatment of the insane in America, and in matters which are under inquiry, desires to express its sympathy with the medical men engaged in the treatment of the insane in the United States, who have been made the subjects of unfounded accusations or imputations either in the United States or in this country” [hear, hear.] I have now only to thank you for your indulgent attention [applause.]

The resolution having been seconded by Dr. Clouston and supported by Dr. James Stewart (Bristol) and others, at the suggestion of Dr. Wood, it was altered to the following, and carried unanimously :—“That this Association, while reserving its opinion on the general question of the treatment of the insane in America, and in matters which are under inquiry, desires to express its esteem for the medical men engaged in the treatment of the insane in the United States and its sympathy with those who have been made the subjects of unfounded accusations and imputations either in the United States or in this country.”

We have received the following letter giving notice of further action taken by the Association, at the same meeting.

BETHLEHELM ROYAL HOSPITAL,
LONDON, S. E., 14th August, 1876. }

DEAR SIR:—I have the pleasure to inform you, that at the Annual Meeting held at the Royal College of Physicians, London, on July 28, 1876, you were unanimously elected an Honorary Member of the Medico-Psychological Association. I remain Dear Sir,

Yours faithfully,

W. RHYS WILLIAMS, M. D.,
Hon. Secretary.

Dr. J. P. GRAY.

SUMMARY.

We regret to learn that Dr. C. E. Woodbury, assistant physician at the McLean Asylum for the Insane at Somerville, while in the discharge of his duties at the Hospital, on the 25th inst., was assaulted by an insane patient with a croquet mallet, receiving injuries of the head which, it is feared, will prove fatal. We understand that Dr. Woodbury was first knocked down, and then, when on the ground, violently beaten on the head, and his skull was fractured. This is another sad instance of the dangers to which physicians who devote themselves to the care of the insane are constantly exposed, and we hope that the fatal result may in this case be averted, though from the nature of the injuries this seems hardly possible.—*Boston Medical and Surgical Journal*.

We have since learned that the injury is not of so serious a character as at first indicated, the fracture of the skull being confined to the outer table.—[Eds.]

Dr. Woodbury had been recently promoted to the position of first assistant physician, vice Dr. James H. Whittimore, who had been appointed Superintendent of the Massachusetts General Hospital.

—Dr. T. F. Kenrick has been appointed fourth assistant physician in the New York State Lunatic Asylum, at Utica, vice Dr. E. E. Smith, resigned.

—Owing to the length of the Proceedings of the Association we are unable to present the usual variety of subjects in the present number of the JOURNAL.